

Guidelines for the Personal Use and The Clinical Administration of Ketamine

Safety and Standard of Care

The Expanded Second Edition

in English and Spanish

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ketamine
research foundation

GUIDELINES FOR THE SAFE PERSONAL USE AND THE EFFECTIVE CLINICAL USE OF KETAMINE

The Ketamine Research Foundation
<http://ketamineresearchfoundation.org/>

Introduction to the Second Edition

This second edition includes two separate but related guidelines. The first, Guidelines 1: The Allure, The Risks, Dependence, and a Beginning Approach to Treatment, provides in depth information to people who are contemplating the personal use of ketamine, those who are already using ketamine in this way, those who are in trouble with ketamine, and those who are involved with ketamine users supporting their safe use and recovery. This section also includes information about the effective clinical use of ketamine and a standard of care.

The second section, Guidelines 2: Ketamine Use, Misuse and Treatment---*The Extensive View*, provides a comprehensive manual for those who are becoming involved with ketamine and those who are dependent.

About Us

The Ketamine Research Foundation is a non-profit organization devoted to education, training and research with ketamine within the emerging practice of alternative medicine assisted psychotherapy. Ketamine is currently the only legally available medicine with psychoactive and psychedelic properties. The Ketamine Research Foundation advances the use of ketamine in therapeutic methodologies and practices to promote the well-being and balance of our patients through the application of Ketamine Assisted Psychotherapy (KAP).

KRF is committed to creative clinical research, guided by appropriate safeguards with Institutional Review Board (IRB) and FDA approvals, upholding professional standards for therapeutics, accountability, accessibility to care, education, and comprehensive training.

As practitioners KRF recognizes the real world use of ketamine and other psychedelic substances outside of clinical settings and the risks this may entail. KRF does not advocate or recommend the use of ketamine other than within appropriate clinical settings. KRF acknowledges that widespread non-clinical use of ketamine is a global concern that has led to dependency, addiction, and accidental death.

As a result of this reality, KRF provides information on safe and responsible personal use of ketamine, the risks, and the process of recovery from misuse of this medicine. Safe use and interventions for harm reduction need to be addressed with clarity, understanding, compassion and firm boundaries.

KRF seeks to establish standards for ethical and effective psychedelic-assisted psychotherapy practices that provide ketamine. As an organization of clinicians, KRF provides advice on the effective, safe and responsible clinical administration of ketamine.

These guidelines present the Ketamine Psychotherapy Associates (KPA) Code of Ethics — Applied to KAP and as a Guide to the General Practice of Using Alternative Psychedelic Substances.

The second guideline emanates from our great concern about the rising dependence, abuse, distribution and increasing availability of illicit ketamine--potentially adulterated -- that is available throughout the world. Unsafe access to this material in large quantities is leading to an increasing number of casualties.

Non-clinical use of ketamine will be referred to as personal use throughout this document.

We offer you these guidelines in the spirit of democratic self-reflection. If you are engaged in the personal use of ketamine, we hope that this information will resonate with your own experience. We ask that you engage with this material from a place of curiosity and compassionate self-reflection as these are the most effective tools at your disposal for determining if your personal use has become problematic.

Should you find yourself resisting self-reflection in relation to your personal use, you may already be at risk for dependency and addiction. This is a time to seek warmth and to listen to feedback from those close to you. Reaching out for support is not a sign of weakness or failure but rather an act of strength and a move to heal yourself.

About These Guidelines

The Ketamine Research Foundation is committed to the wellbeing and safety of those who are interested in the personal use of ketamine, encountering problems with the consumption of ketamine, and those who are looking for quality clinical care utilizing ketamine. To that end, KRF is widely disseminating these guidelines.

To access these guidelines in multiple digital formats, including Kindle and ebook options, please visit <https://ketamineresearchfoundation.org/guidelines/>

The guidelines are provided in English and Spanish.

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GUIDELINES 1: THE ALLURE, THE RISKS, DEPENDENCE, AND A BEGINNING APPROACH TO TREATMENT

PART 1 - GUIDELINES FOR THE SAFE PERSONAL USE OF KETAMINE AND A CAUTIONARY STORY OF KETAMINE DEPENDENCY

Facts for the Personal Use of Ketamine

Let's begin with the basic facts of ketamine use. Being informed makes for effective self observation and thoughtful, intentional practice, essential qualities for your and others safety and wellbeing.

Ketamine States

1. Ketamine can be a wonderful and enticing experience. It tends to promote a better mood, vivid imagination, and a relief from anxiety, trauma, rumination, and depression. It can be sensual, elevating, and lead to a sense of communion with the divine, and create greater tolerance and closeness in relationships. These are the characteristics of ketamine that make it interesting and potentially useful for mental health treatment and overall wellbeing.
2. Ketamine is a very flexible medicine in its effects. The nature of its impact on you will vary with dosage, route of administration, your particular sensitivity to ketamine regardless of your body weight, where and with whom you consume it, and your state of mind entering into the experience. In order for ketamine to have a

therapeutic effect - to address depression, PTSD, relationships, attachment or other mental health challenges - it is necessary for the patient to experience the medicine. In some clinical settings, patients deliberately receive a lower dose to avoid ketamine's psychedelic properties. For example, ketamine delivered in the nasal Spravato delivery system may only be very weakly perceived.

3. The most important element for benefitting from a therapeutic ketamine experience is having some degree of time out from your ordinary mind, a bit of a break – what we also call ego dissolution.
4. At lower doses, in relation to the variables cited above, you will experience a sense of relaxation somatically and emotionally. Lower doses allow for communication and, as with MDMA, facilitate your ability to address psychological difficulties. As you become more available to yourself, strong feelings may also arise together with recollections, a history of trauma and its residual impact on you. In this state, you may also encounter struggles with yourself and others, future-think, different selves that may attempt to protect you from change, and more. With low dosage ketamine prompting what clinicians refer to as the "psycho-revelation process," you may experience these feelings and develop a sense of growth and relief. Facilitating this process with a trained and skillful therapist is of great benefit.
5. The low dose ketamine experience may prompt the visualization of colors, or it may not. Generally, there are no hallucinations or interior journeys, or perhaps just hints of these types of experiences without significant elaboration. For a person new to ketamine and psychedelics, disorientation and fears surrounding the potential loss of control can create anxiety and opposition to the experience. It is essential to receive professional support and learn the terrain of the medicine while becoming comfortable with releasing the idea that you are in control of this experience. In a therapeutic setting, this is a false consciousness and an illusory reassurance. Starting with a low dose of ketamine is the best way to gradually become comfortable with this terrain. You can always take more, but you cannot overcome what you have already taken. Best is to not fight the experience and know that it is temporary and that "all journeys come to an end." Music is an essential component of a ketamine experience as it serves to anchor you in the external reality and moves the ketamine experience along.
6. To reiterate, it is best practice to have a skilled facilitator with you. With low dose experiences, as with all doses of ketamine, integration of your encounter with this medicine is essential. You deserve to share your experience, learn from it, work with what has arisen in the experience and subsequently - and thereby use this as a catalyst for growth. Ketamine is an excellent medicine for realization. It increases the power of meditative practices because it is, in essence, a tool for meditative self reflection.



7. As you increase a therapeutic dose of ketamine, you are amplifying its anesthetic effects and increasingly eliminating your awareness of external sensory inputs. Eventually, you will have a period of time - usually 20-30 minutes in duration - when you will have eliminated all external sensation and be in a deep state - a journey - which is referred to as the "k-hole." We call it the Transformational Space.
8. When you are in the deep ketamine state, your safety becomes paramount - as you are helpless to deal with your external world. Having a sitter, or better a skilled therapist, providing for your safety is best practice. The higher the dose, the less memory you will have of your experience to bring back for your learning and Integration. This is the zone in which you may become agitated and express what is happening in your journey externally with energy. We call this enacting the experience. Your sitter or therapist will not know what you are experiencing and may become alarmed believing you to be in great suffering.

This is where experience counts. The best practice is for the sitter or therapist to allow your feelings to unfold while providing for your safety. Most often, what they may perceive as the expression of agitation and suffering, as your ordinary consciousness returns, is revealed to have been a remarkable and positive experience. This is not inevitable. A ketamine experience can be felt internally as anxiety and provoke past trauma. However the most common expression is a quiet external demeanor and the absence of movement.

9. The Transformational Space is when there is no access to external reality and when, in unsupervised settings, errors of judgement may occur and be injurious. This may occur at the beginning of the experience when an unsafe setting is chosen, or on the returning to ordinary consciousness, when attempts at driving or other unsafe choices may be made. Another form of difficulty occurs when the dosage is not precise - particularly with insufflation of powder during personal use. As the potency of the ketamine and the amount inhaled is not readily known. This may lead to a "too much" scenario in which the person receives too large a dose.
10. The experiential realm of deep ketamine journeys is as various as there are people. Each person's experience is unpredictable and will differ with each session. Having agency to direct the flow of the journey is limited. For the most part, one is immersed in a visual stream that has its own quality and motion. At higher doses, the relevance of the nature of the journey to daily life and personal history is difficult to discern. Memory of the experience is variable and tends to dissipate quickly. Integration immediately after a return to near baseline is an imperative for recovery of the experience - as is a follow-up session to talk with your therapist within 48 hours. Writing your 'trip report', or recording your narrative of the experience are very helpful to memory recovery and meaning

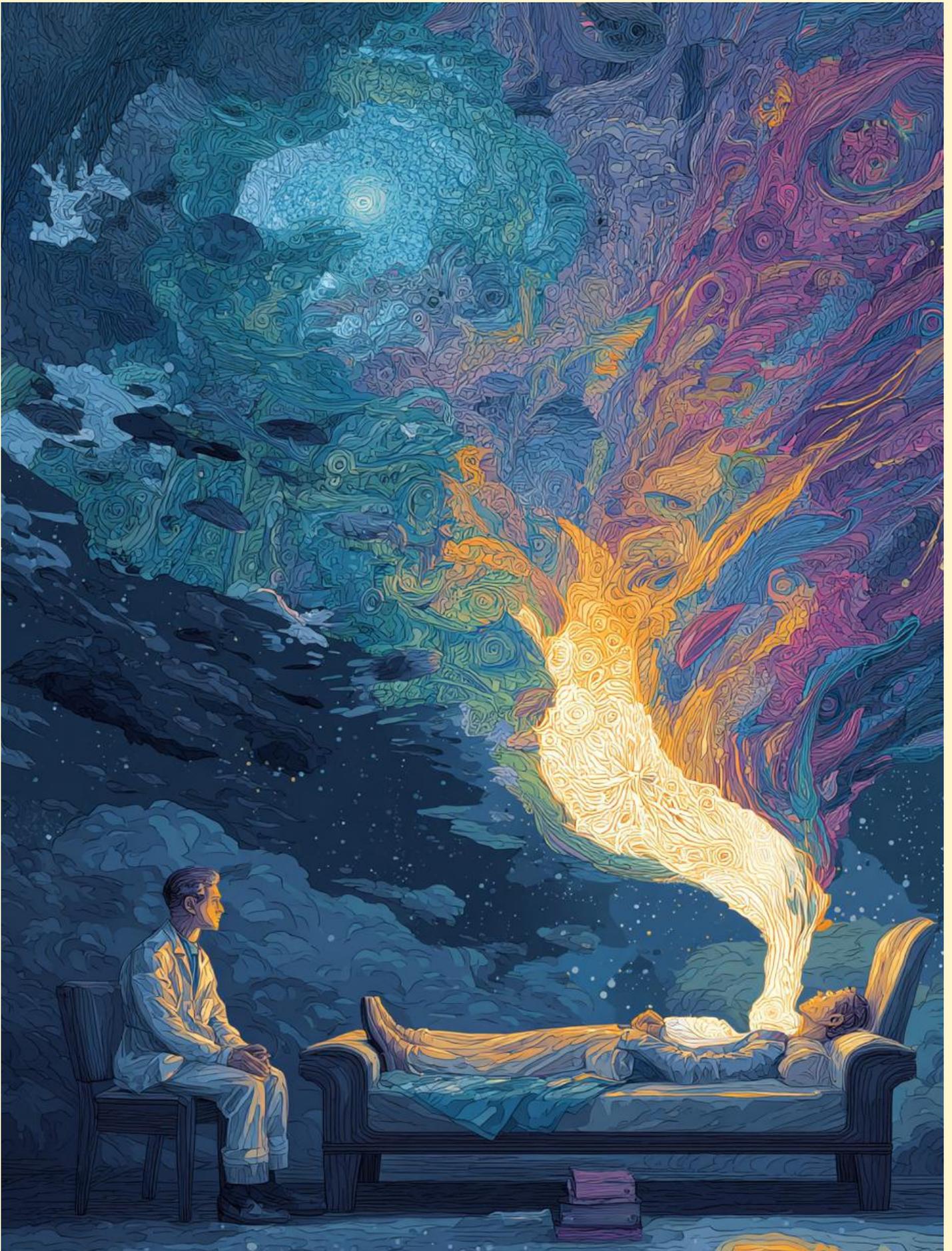
making. Having a skilled sitter or therapist facilitates each step of the process.

11. Non-ordinary, psychedelic experiences are the nature of the higher dose ketamine experience. Because of the brevity of ketamine's action compared to other dissociation causing medicines, confusional states are less of a problem for people. Ketamine's impact on affect, or emotional status, reliably but not perfectly, ranges from neutral to positive. Hence its deserved reputation as antidepressant. This medicine tends to serve as a clearing house, opening the door to a reformation of consciousness. Common experiences include: journeys into the cosmos; a sense of dying without fear; experiences of love of family and life; complex geometric landscapes; full themes that are like dreams; otherworldly landscapes; flying; immersion in earth, water or the primal ooze; feeling small yet connected to all things; communication with the dead; connection to spiritual energies; to demons; a sense of purpose and mission; being pain free - the list is endless. For a fuller elaboration the book [*The Ketamine Papers*](#) provides more extensive insights into these states.
12. With frequent and compulsive use of ketamine, the experience changes. Its allure for misuse tends to be its promotion of narcissism exalting the specialness of the user and their connection to being immersed in the truths of the universe. When misused, it can facilitate the avoidance of past psychological pain and the inevitable creation of a new format for pain. Further information about this is included in these guidelines.
13. When ketamine is ingested for personal as opposed to supervised therapeutic use, you will eventually become anesthetized and the therapeutic potential of this medicine is compromised. You will be in the black hole of anesthesia. No point to that.



Ketamine Use, Misuse and Dependency

1. The overwhelming number of people who use ketamine do not become addicted. For most people, the ketamine experience is not just an easy ride. Like most psychedelic experiences, there are inevitable stresses and psychological challenges to navigate. While a ketamine experience may say to you, "there is more to be learned and experienced from ketamine," you do not wish to be drawn into a usage pattern of compulsive repetition.
2. Most studies report no cases of misuse in the clinical setting, indicating that an appropriate and safe container significantly reduces the risk for dependence.
3. The temptation to escape into an altered state and experience the physical sense of wellbeing that accompanies a ketamine experience is powerful. So powerful that some, too many people, have developed a dependence to this medicine which has led to addiction and in some cases accidental death.
4. Those who follow a course of increasing personal use can get hooked. You may start slowly, at a party, with friends, at home alone. It is not an instant hook, but rather a crescendo of misuse that varies for each person. Ketamine has a capacity to be captivating and a lure to its abuse that consumers should be alert to. A considerable risk factor is easy access to ketamine. Too frequent use is a recipe for dependence. Ketamine experiences need to be integrated into daily life and relationships - serving us for healing, growth, and the evolution of our consciousness.
5. Ketamine dependency is not a pretty experience. It is a state of not being fully present; residing in a universe of the "elsewhere;" absent the ability to ground in consensual reality. It can result in a loss of connection to our friends and loved ones; a detachment from the core of our lived lives, however difficult those lives may be.
6. Misuse of ketamine often results in a state of grandiosity, complete or near complete self-absorption, with a feeling of separateness, importance, and Mission. It is intensely illusional, and hallucinatory, and has an appeal to it that is hard to dismiss. The theme song of being hooked might sound like, "This is it and I don't want to be anywhere else."



7. There are dangers. Ketamine may also impair memory while you are high and in the aftermath. You might forget when and how much your last dose was and this could lead to ingesting more than you intended- and more frequently. There are the problems that come along with ketamine intoxication in the wrong setting and making errors in judgement that risk your safety. For example, you could get into a hot tub when you are about to go unconscious as a result of ketamine or get in an altercation when you are socially impaired - or you could drive while still intoxicated. These kinds of mistakes can be injurious or even fatal.
8. Ketamine dependence is difficult to overcome. Ketamine can be hard to let go of. Even if you need help, it is hard to let others in and difficult to admit to oneself that one is addicted as the process of recovery is so unappealing. To accept your personal use as problematic is to challenge your own feelings and beliefs. In the return to a shared reality, you may regain awareness of the reality you were seeking to escape. It is typical to fight off interventions no matter how well meaning. The involvement and concern of the family is often necessary to affect change. And once an intervention is made and is successful, ketamine cravings may cause relapse(s).
9. We don't yet have a clear profile of who is susceptible to becoming addicted to ketamine. There are identifiable risk factors. These include unhappiness with one's self or life, anxiety, depression, misery, grief, identity and role confusion, relationship conflicts, a trauma history, previous substance related dependency, and social isolation. There is also an internal entertainment factor to consider; a social factor of a peer group's increasing use. There might be a missionary or savior factor - ketamine's expansive revelations granting those vulnerable a confused sense of meaning and purpose. Perhaps all of us are susceptible-- depending on our state of mind, heart. and spirit. Perhaps not.
10. Polypharmacy, or using many substances at once, and indiscriminate use, often accompany ketamine dependency. Treating ketamine and other psychoactive substances casually and just "dropping in," is an attitude that fails to respect the potential for dependency. We have seen this lead to more frequent use and indiscriminate dosing. Both factors have led to people breaking away from a safe container, begin using

without accountability, develop social isolation, and eventually fall victim to ketamine's potential for addiction.

Ketamine's Adverse Effects

Adverse effects can be divided into the acute and the long-term.

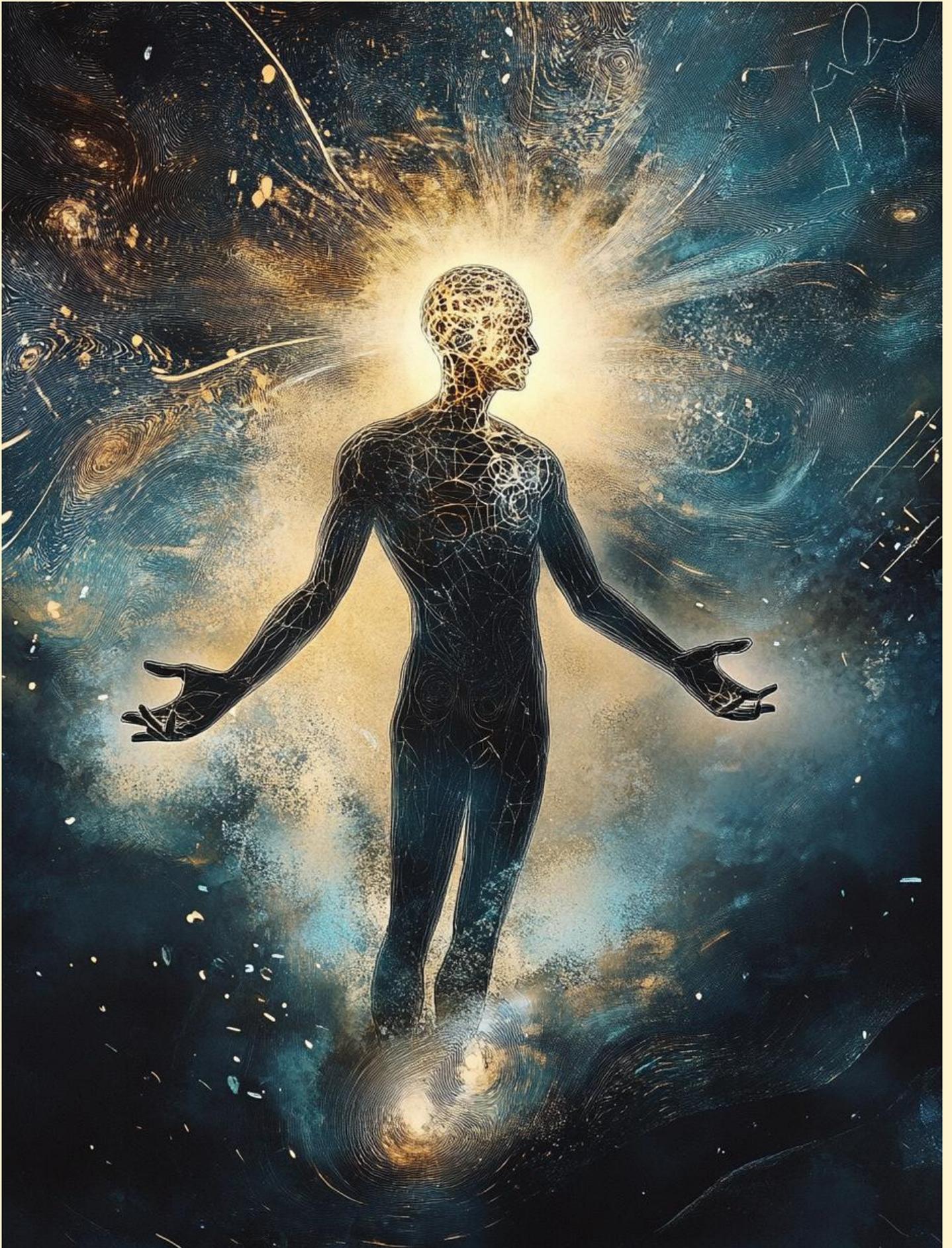
Acute: Impairment of judgement and memory; agitation during use; enactment physically of the journey experience externally with loss of contact with environment and sitters; disorientation; imbalance - and falls as a result; dizziness; nausea and vomiting; diuresis; confusion; fatigue in the aftermath. Lack of memory of the experience tends to be dose related.

Long-Term - Intermittent Use: Infrequent use over time does not appear to cause adverse effects - other than the possibility of the acute effects described above - with each session. Cravings to increase dosage and frequency are a possibility.

Long-Term - Regular and Compulsive Use: Confusion; disorientation, cognitive impairment; diminishing contact with ordinary reality; with work, career, relationships; isolation and amplification of ego; denial of the impact on self and others; inflation and delusion; the sense of special mission and invulnerability; sleep deprivation; paranoia; compulsive drug seeking; impaired judgement; psychotic like experiences when not intoxicated; bladder dysfunction with high dose long-term use; K-belly; increase in polypharmacy. It is important to realize that combining ketamine with other substances on a frequent basis, notably marijuana, may induce hypomanic and manic states for some people.

Guidelines for Personal Use of Ketamine

1. Life requires each of us to have a functioning mind - and a connection both with our interior selves and with people outside of us. Purpose, meaning, kindness, and functioning in the world are imperatives. If personal use is all about me, my drug inflated, introverted, private cosmos will ultimately be my ruin, and not my liberation.
2. Use ketamine openly, not in secret. Tell others what you are planning and doing. Have others in proximity, or better still, with you. Remember you will be impaired and may need support. Be accountable to people who are not engaged in frequent use. Ketamine can open doors to relationship, and self-awareness. You are best served by not using ketamine privately, but rather with support for your journey.
3. Treat the personal use of ketamine with respect and reverence. View your experience as sacred, even in nonclinical settings. This experience requires processing, a witness(s), and the valuing of integration. These approaches support the creation of a safe container which enables ketamine to be of value and mitigates against compulsive use.



4. Never take ketamine for granted. It is a powerful mind altering medicine that you are choosing to interact with. Your experience is not predictable. Each ketamine experience will be different. So will you.

5. The depth of a ketamine experience depends on several factors:

- ❖ The amount of ketamine you ingest. The more you take - by any route of administration, the deeper your experience will be. Leaving this reality entirely for the deep ketamine journey space is referred to as the k-hole and k-holing. We at KRF prefer "The Transformative Space." As you will not be responsive to your environment or others, it is an imperative that you be accompanied, cared for, and watched over—if you choose to go to that depth; or if inadvertently you take an amount of ketamine that puts you there.

Users naïve to ketamine can become agitated and uncomfortable without any knowledge of their actions or safety. The same is true for experienced users who may be surprised their experience. Ketamine is fairly unpredictable, and each experience is different - both in depth and the qualities of that experience - where you go, who you are as you have this experience.

- ❖ The route of that ingestion—nasal, oral, sublingual, intramuscular, intravenous, anal, vaginal.
- ❖ Your particular sensitivity to ketamine — each person’s sensitivity is different and largely independent of your weight. You learn your sensitivity by exposure to the medicine. This is true for all psychedelic experiences. Most psychedelic dosages are not calculated by your weight. You can always do more, but you cannot go back. The cautionary is to start with a low dose.
- ❖ Your mental, spiritual and emotional condition. Your honesty and openness—your “set.”
- ❖ Your health and energy.
- ❖ Other medications and psychoactives you take.
- ❖ Your “setting”—who you are with, where you are, your sense of safety and exposure.



Safety and Recognizing the Risk of Dependency

- ABSTINENCE is the key word for avoiding dependence. STOP - take a break before you get hooked. If your frequency and dose are escalating, you are on the road to misuse and dependency.
- If you are experiencing cravings, you are in danger. Cravings are your body's signal that it is becoming dependent on the changes brought on by ketamine and is struggling to self-regulate. It is a clear indicator that a dependency is starting.
- STOP! If you are using ketamine every day.
- STOP! If you are having urinary tract/bladder symptoms such as painful urination, pelvic floor pain, or difficulty controlling your bladder.
- STOP! If you are becoming confused, grandiose, losing touch with your life, family and friends.
- STOP! If you find yourself using ketamine in secret or are avoiding accountability measures.
- STOP! If you cannot successfully remain abstinent for a predetermined period. Intentional periods of abstinence are the most effective way to assess your personal use and assess the impact it is having on your mental health, social health, and life in general. Resuming too quickly will put you right back on the road to dependency. Periods of abstinence are best intended to last for multiple weeks if not months.
- If you find that you cannot successfully maintain a period of abstinence do not be ashamed. Know that help is available and that recovery is possible.
- Powder ketamine is widely available and increasingly abundant. Powder and crystal sold as ketamine on the black market is often mixed with other drugs such as fentanyl, cocaine, or MDMA. Don't snort untested powder. Ketamine lozenges are also being sold over the Internet legally and indiscriminately.
- It is important to check any illicit ketamine for fentanyl adulteration. Check out [DanceSafe](#) for information about testing your ketamine. Remember most dealers are in it for the money - only some are concerned with your safety and only a few with your frequency of use. Don't purchase from someone you don't know, or on the street. Don't be naïve - dealing in whatever form it may take - on the net or on the street - is about money - not about you. Test all your ketamine no matter who sells it to you.
- Getting rid of your stash is a good first step that typically must be followed up by engaging in a detox, inpatient, or outpatient program.

This allows for social support and a physical barrier between you and your use. Many find that it is paramount to break contact with your source, leave the company of your fellow users, and learn to lean on those who are invested in your recovery.

- Remembering that access is a risk factor, the more you hoard or the bigger your stash becomes, the greater the risk that you will become dependent. Abundance increases the temptation for larger doses, more frequent use, and indiscriminate use.
- There is some tolerance to ketamine with too frequent use and therefore doses must be escalated for similar effects and the possibility of dependency looms.
- With ketamine powder, unverified lozenges, and non-prescription injectables comes the risk of adulteration and harm. The contamination of ketamine with the powerful opioid fentanyl is a very real possibility that has taken the lives of people we love and is a serious risk to your life.
- Injury through errors of judgement while under the influence is a risk factor that exists whether a person is dependent or not. While ketamine itself is a safe medicine with anesthesia occurring before reaching a lethal dose, passing out under dangerous circumstances can and has been life threatening.
- If these circumstances apply to you, you may well be done with ketamine. Resumption will tend to put you back on the road to possible dependency. Indeed, you may think you are back in control of your use after a significant break. Generally, this is not the case.

If you cannot STOP, get help, detox, get into a program, get rid of your stash, get rid of your source, leave the company of your fellow users, lean on those who are clear and not co-dependent with you.

It follows - if you are going to use ketamine, RESPECT its potency, allure, and potential for dependency. Dependency is in fact, without doubt, a ruinous and life disrupting experience.

It follows—if you are going to use ketamine, do it for its benefits. Use it consciously, and safely. And do not keep your use a secret.



Integration of the Ketamine Experience

1. The ketamine experience can diminish and dissolve the influence of the ego and produce vivid journeys. These journeys have their own quality, astoundingness, freedom of the mind to explore - and inevitably can require a reorientation. Ketamine, like all psychedelic medicines, rearranges our perceptions during the time of its impact - and thereafter as well. At times, in the immediate aftermath, we may not notice the alterations in our view of ourselves in the world, our relationships, our sense of self, our values. Inevitably, however, these changes - subtle or profound - will occur. The aftermath of the ketamine experience is a time of opportunity for reflection and observation - and may also be a time of confusion.
2. It is our view and our practice clinically, and in our education of practitioners for all psychedelic use, that we share our experiences with others. Others may include friends, and lovers; or skilled practitioners who know the ketamine experience for themselves and can help with integration. This assists our processing and understanding of our experiences, meaning making, and helping us with confusion, difficulties and negativities that can occur after use.

Having a ketamine experience and being left alone to figure out what happened in the other realities that are experienced is not much fun. This may lead to a feeling of emptiness, and isolates the experience from its richness, making for a judgement 'that this was just a weird trip' - glossing over its potential impact and depth. This is the usual outcome from intravenous practices and online sales of lozenges. No one is there to hear your experience and help you integrate it. There is reliance on the

drug for its impact, but not reliance on your mind, heart and spirit with ketamine as a medicine that affects you fully.

Getting Assistance—Paths, Realities, and Cautionaries

1. It is not so easy to find mental health practitioners who are ketamine informed. They exist, and we recommend those trained in KAP, though claims for this expertise are various. It is imperative to inquire about the practitioner's experience. It is your right to know qualifications and backgrounds whenever selecting a therapist who holds a degree and a license. It is good practice to check out a potential therapist before making a commitment. Watch out for your own resistance to getting going in treatment and agreeing to know yourself in your depth enabling you to get back in control of your life.
2. There are many paths that may help with Integration and practitioners from many disciplines. The therapy field and the practices of ketamine assistance are not quality controlled, except for some methodologies that require explicit training and ongoing participation in supervision. With these, you have to come to an appreciation of that methodology and its particular practitioner as you choose their service.

Unfortunately, there are still too few qualified practitioners in ketamine assisted psychotherapy (KAP). There is no formal certification program or Board for ketamine administration. Or for that matter, for any alternative medicine. This is a result of the federal Drug Enforcement Administration (DEA) making all psychedelics Schedule I and therefore with no recognized medical use—now for decades.

Our KAP training provides certificates of completion for our course as do other programs. KRF has and is providing the "standard of care" for the field - apropos these Guidelines, but there is no obligation for any practitioner to adopt our standard. That means that ketamine for mental health treatment is essentially unregulated and unspecified in the various medical practices in which ketamine is administered.

This allows for ketamine distribution in all manner of ways that may have very low standards for patient care, such as online services where prospective patients have very easy access. It also makes for consumer confusion and a laxity on following patient consumption of ketamine. Too often money tends to rule over quality of care and supervision of quantities consumed. Ketamine treatment for mental health is a competitive business with multiple formats for its distribution. In essence, there is a "Wild West" for the prescribing of ketamine—and that is part of the problem that is increasing the amounts available for personal consumption.

This lack of regulation, even in the licensed medical prescriptive format, makes it difficult for you as a consumer to act with discernment. The claims and advertising are both seductive and misleading. They do not emphasize ketamine's power as an experience to be taken seriously. Or its potential for dependency.

3. To date, there is no insurance coverage for ketamine, other than the esketamine nasal spray Spravato. Ketamine is a Schedule 3 regulated drug - with FDA approval in 1970 - for its use solely as an anesthetic. All other use, for example in psychiatric treatment such as for depression, is considered 'off-label.' Theoretically, ketamine is only available by prescription. Obviously, ketamine is available without prescription from multiple illicit sources. The DEA and FDA have left regulation of ketamine without guidelines - save for the general professional rules for prescription and for ethical violations by prescribers.

Some years ago, the FDA approved one of the two stereoisomers of ketamine, the left one - esketamine - for a very restricted dosing and only for a diagnosis of 'treatment resistant depression' (TRD) and in a very restrictive psychiatric application. The public at large has yet to understand Spravato's general lack of efficacy. You can read the studies leading to FDA approval. It is also formatted in a very medicalized manner - no psychotherapy and little attention to the patient.

As Spravato has recently gained insurance coverage, if a prospective patient has decent insurance, this is an attraction because of its low cost. This dollar factor competes with the far more expensive intravenous clinics offering ketamine infusion therapy - especially those operated by anesthesiologists who are not covered by the insurance. They are not psychiatrists as required under FDA rules for who may administer Spravato.

With this in mind, and with the misuse, street and underground availability of ketamine proliferating, medical and psychiatric use of ketamine is in transition. How it will stabilize and if it will stabilize is unclear - as is the case with lack of clarity about potential future FDA and DEA regulation, or lack thereof.

4. The underground of ketamine providers has many practitioners of varying skills and training. Some are licensed practitioners - others are not. Some are highly skilled in using ketamine. Some are not. The underground exists because of legality and illegality, a way to make a living using substances that are not legal. For some, this is a way to make a living avoiding the licensure issue.

When all goes well, an underground therapist who is not particularly skilled in the work and in Integration may do fine by you. When there is difficulty, an underground therapist may lack the skills to support you. The same caveat applies to the licensed therapist.

It is experience, training, interest, compassion, and skill that determine your quality of care. And when you put yourself in the hands of another - when you will be helpless for some time - you need to know those are capable hands. This applies to practitioners of any stripe - whatever they call themselves - shamans, shrinks, anesthesiologists, therapists, friends, or healers.



Ketamine Withdrawal

1. The hallmark of ketamine withdrawal syndrome is a prolonged period - many days to weeks to months - manifesting with symptoms of anhedonia - or an overall lack of pleasure; confusion; delusional thinking; derealization; negative energy; sleep deprivation; cognitive and social impairment; a variety of physical discomforts; and intense cravings. Cravings are physiologically experienced and there is an intense desire to maintain the intensity of the inner world, hypomanic energy, messianism, grandiosity, magical thinking, and euphoria.
2. Cravings may center on relief from the return of the pain of life before ketamine. That pain most likely was bypassed during heavy use. Avoiding the damage rendered during ketamine dependency can also provoke an intense desire for ketamine. These cravings occur as a quest for relief from withdrawal symptoms, as well as from neurons screaming for the drug. There is little if any information to date from neuroscience research about the source of these cravings in our brain. How long withdrawal lasts appears to be a combination of duration of use, dose dependency - and spiritual, relationship, and emotional misery.
3. Depression, anxiety, substance use disorder, and psychotic symptoms may have been present before ketamine use began. Quite often, they may occur directly as a result of extended overuse and abuse of ketamine plus attendant polypharmacy. The presence of comorbid conditions, or the presence of two or more diagnoses at once, complicates and extends the withdrawal period.
4. The withdrawal syndrome may also include misuse of other substances, and this may continue in an effort to reduce symptoms. Or if the user decides to practice complete abstinence, withdrawal symptoms from other dependencies may be involved. For those who don't become completely sober, there is a risk of turning to other substances, for example, developing cocaine use problems during the withdrawal period.
5. The withdrawal symptoms will gradually abate over time. Cravings are more difficult and may be sustained for long periods of time and be present sub rosa, and can be invigorated from triggered memory, social connection with fellow users, exposure to ketamine, and the desire to not live again in emotional and spiritual pain - to get high again. Unfortunately, some ketamine dependent people go through multiple relapses, multiple detoxes and substance use disorder programs. This process can be a wear and tear on everyone involved with consequences to self and relationships.

Treatment of Dependency and Future Possibilities

1. When interventions by friends and family fail, when willpower and determination for abstinence fail, when confusion and compulsive use continue, the only choice is to enter detox and a treatment program that sustains abstinence. This assists in helping to make the changes that will support abstinence when the program ends. Such programs include Narcotics Anonymous, Intensive Outpatient Programs (IOPs),

and intensive therapy. Family therapy as an involvement of partners, relatives and important friends is an essential component for successful treatment. Programs that explicitly treat ketamine dependency are just coming into being.

2. A good first step is getting a psychiatrist/therapist team involved who have experience in treating substance dependency. Depending on the degree of dependency, you may well need to begin with detox. Returning to ongoing therapeutic support is essential to a positive outcome over time, including dealing with the underlying basis that may have preceded dependency.
3. As ketamine dependency becomes more in focus, unverified options for augmenting treatment are arising as possibilities, but without solid data that proves efficacy. These may include ibogaine detox, which is illegal in the U.S.; naltrexone, which is in broad use for reducing cravings; and other therapies under development. Acupuncture and alternative treatments have a role in regaining health and mental balance. None of these will be substitutes for attaining rapid abstinence and maintaining that commitment.

The Stigma of Dependency

1. We live in a world too much inhabited by negative judgements rather than kindness and interest with appropriate boundaries. That negativity may well be self-imposed and culturally embedded. The dependent person's encounter with others during this period and in its aftermath can be very difficult. People around the dependent user may feel damaged, angry and upset, with broken trust. There is also the broader social view of drug dependent people which is stigmatizing and prejudiced.
2. Encounters with damaged relationships, prejudice and one's own sense of failure can be very difficult to handle and may result in deep shame, introversion, anger, and reactivity. There can be a kindling effect to give up and go back to using. Suicidal contemplation may occur. Coping requires support and being responsible to oneself and to others who may have suffered with you. It is about working out the guilt, knowing the self who became dependent, and developing the harmonizing self that seeks and comes to know balance and trust in oneself.
3. In essence the repair process is ecological. It is about being in truth with oneself, setting boundaries, and being in responsible compassion. The dependent person may affirm the following:

'I wish to give myself another chance at life and live authentically and in honesty. I am responsible for what I have done to myself and others and will make amends as they are needed - and I understand the consequences of my dependency. I will set clear boundaries for myself based on finding kindness for my being here in life that is from the heart. In response to encounters with prejudice, I will do my best to understand its sources and to respond with that awareness. I will ask my important relations to be open to my recovery. I am determined to establish trust in myself and thereby to develop the trust of others. I will maintain my sobriety in the higher self-interest of living well, in balance, in caring, and seek the fun of it all.'



In Conclusion

Self knowledge is the work of connecting with one's being-in-life. This is the opportunity offered by developing consciousness and living in connection and inter-dependency. This is an absolute condition of embracing life. Not everyone gets the opportunity for self-reflection. Trauma and suffering are inevitable and can be overwhelming. These experiences can make our lives reactive and limited. Too often there is a resultant hopelessness for living or living well. Many people are needlessly hurt or extinguished by violence, unkindness, prejudice, and the many forms of injustice. These Guidelines support mindfulness for yourself and towards others. This goes beyond the use of drugs and drugging. Drugs have been here for all of human history. They are not going away.

So then, what is this really about? These guidelines are truly about how you have agency in making choices and managing yourself. How you conduct your life. You can create more trauma, difficulty, and mindlessness for yourself and others. Or you can practice finding balance, healing from your pain, and a passion for the preciousness of this life. That is a constant necessary path for your entire life's course. Neglecting this creates additional pain for yourself and others. Turning a liberating experience into a compulsion. An obliteration of your essence is just making trouble.

Moving well through this life is not easy and guideposts are hard to find and follow. Responsible self-forgiveness and getting back on the road is the jewel of repair. Being in community, leaning on those you find trustworthy and who share with you their struggles and their paths is a necessity for moving on and healing. When you see trouble looming, seek help before you go too far.

We hope that these Guidelines have been meaningful and beneficial.

Lots of love from us.

The Ketamine Research Foundation

www.ketaminerresearchfoundation.org

--Phil Wolfson MD, Mark Braunstein DO, with Ryan Delaney LCPC

The Ketamine Research Foundation is committed to the wellbeing and safety of those who are interested in using ketamine, have problems using ketamine, and those who are looking for quality clinical care utilizing ketamine. To that end, KRF is widely disseminating these open access guidelines.

KRF is a 501c3 organization dedicated to research, training and public education in the safe and appropriate use of ketamine and the standard of care for ketamine's clinical administration.

AI Art by Helix Wolfson

The information in these guidelines solely reflects the views of the authors.



PART 2 -- A KETAMINE DEPENDENCY SAGA AS EXEMPLARY AND A CAUTIONARY--WITH RECOVERY

--by an anonymous practitioner

I've been exploring recreational drugs for over 30 years, and as a licensed practitioner, the concept of addiction isn't new to me. Beyond cannabis, I've always been able to put down whatever I tried. I made a clear distinction between "soft" and "hard" drugs, fully aware of the consequences of increasing amounts and frequency of use - the tightening python grip of tolerance and dependence that can sneak up like a boa constrictor. I wanted to avoid that at all costs.

I learned early that alcohol, despite its cultural and social promotion, was a hard drug. By the time I turned 21 and could legally drink, I had already decided it wasn't for me. I found it physically unhealthy and noticed it led to poor decisions. It was around then that I discovered marijuana, which seemed to fill my need for altered consciousness. Not long after finding mj, I became aware of other natural ways of achieving that higher state of consciousness and found meditation through music and movement. Marijuana fostered opening my mind and moving my body without self-consciousness.

Around about this time, I was introduced into the technicolor, consciousness expanding world of psychedelics. I felt myself becoming more intentional in my life and shifting toward a more peaceful and vital existence. I stopped eating meat, gave up alcohol and tobacco, and began exercising regularly while immersing myself in nature. Cannabis, in many ways, felt like a gateway to wellness - especially as I began to use it to cope with my PTSD, this with minimal negative effects.

Through the years I have been a sporadic but committed user of a multitude of different mind expanding medicines: psychedelics. I developed respectful relationships with LSD, psilocybin, DMT, peyote, and ayahuasca. I would use them once a year, or once a quarter, or once a month, at times once a week - or multiple nights in a row when I rarely went on a bender. But I found that there was always a clear desire and a recognized need for me to put these substances down after a brief point. Over the years and the decades, I would pick them up and put them down without ever having a problem or a craving.

Then along came ketamine. After decades of psychedelic use, I was blown away by its beauty and comfortability as a psychedelic experience. The visions were at once both wondrous and delicious. A feeling of euphoria and blissfulness followed administration of ketamine. It was relatively short acting, and its effects wore off quickly without a hangover, allowing me to go on with my day.

The fact that ketamine was also legal as a medicine and hyped and publicized as 'good for you' encouraged my use and my feeling of ketamine's legitimacy thereby giving me an illusory confidence in my increasing usage.

Having struggled with depression and family trauma my whole life I incorrectly thought I was self-medicating my mood disorder. In reality I was becoming "neurotoxic" making my depression worse. It was a pretty quick downhill slide to the ketamine bottom for me.

I first met ketamine in 2016. In that early period, I never snorted enough to really go into the K-hole. I really didn't get the point of it until my first ceremonial exposure in 2017 when I experienced the most beautiful hallucinations and positive mind expanding experience I had ever had. This led to using K in group settings ceremonially and monthly for about a year. Then Covid hit.

Confined to my home, I began purchasing lozenges online. Within 12 months I was using them daily. At some point along that path I felt that I could not get enough lozenges to feed what was now my habit. I had to go elsewhere for the supply.

I found powder.

It was a lot less clunky than the lozenge. I could sneak away anywhere and do a quick bump or a line. Unlike lozenges with a supply of powder, I could just keep going, extending my high indefinitely.

In fact, insufflating powder was a more discreet and secretive practice. You can't easily hide a mouth full of saliva and a bunch of lozenges. The combination of developing a daily habit and being able to acquire an infinite supply of powder created a problem to say the least.

Once you cross that line, that commitment to limiting yourself to a sane amount and a sane frequency, there isn't any going back. In my ketamine blitz I felt alive, smarter than ever, as if driven by divine provenance. I received downloads, from somewhere or other, making me feel I had all the answers. But when I came down, I would find that I had forgotten all the downloads and was hence unable to execute on all the wonderful messages that I had received.

What I did get was a lot of time on the couch with memory problems, the symptoms of bladder toxicity, the rupture of a romantic relationship, and the worst case of depression I ever experienced.

That slide down took about a year or so after my daily use had started.

The problem with daily use is that it accelerates. I found I was wanting to be high for longer and longer periods of time. I would forget when my last usage was and use again sooner than I was planning on - becoming more intoxicated and impaired than I wanted to be. Finding myself not liking how I was feeling and regretful for my usage, I got into a cycle of deciding every day that I wouldn't use the next day. Then I would wake up the following morning feeling compelled to use, knowing it was against my better judgment.

My frequency of use increased until I was high almost all of the day, every day.

I surrounded myself with other users as though to normalize my use with collective use. We had a rebellious group culture that thrived on how intelligent and different we were and that we had the solution to all of the world's problems.

This is one of the commonalities where ketamine addiction looks like any other addiction. You surround yourself with other addicts of similar ilk to enable your addictive use in multiple ways. This normalizes your behavior to you and those around you. You hide your shameful use from your loved ones while decreasing your time and ability to connect with them in a meaningful way.



A top priority is maintaining your supply- and it's not a cheap habit.

A gram a day habit was about \$3000 a month - and that's a relatively small daily habit.

My supply wasn't always clean either - there were times I could tell the product wasn't just K and kept on using despite my awareness. I feel lucky I never found a batch laced with fentanyl. The turning point for me was getting physically ill. I developed K-belly about 9 months into my daily use - not very long into my habit in my opinion. Developing severe abdominal pain with nausea and vomiting, I was convinced the only way to feel better was to take more ketamine. It took me about a week until I figured out it was the ketamine that was making me sick. After several days without ketamine, I finally started feeling better.

The next 6 months followed a cycle of about 3 weeks off ketamine, followed by resumption of ketamine use that always seemed to result in a 1-week binge. After a week of guilt, shame, and symptoms of bladder toxicity, I would somehow be able to stop again. It took six months of this cycle before I realized I could never use ketamine just once - I always wanted a longer binge. And that binge always seemed to bring me more discomfort and dysphoria than pleasure. In short, the sweat to sweet ratio was increasing exponentially every week. It was the realization that what I really wanted was to be in a perpetual state of bliss when using ketamine. If one trip felt good, being high all day was better, and being high all week was even better, and so on and so forth.

Feeling grandiose, hypomanic, expansive, brilliant, and even messianic is hard to give up. The reality is it feels really good. For some of us it's harder than for others to choose to stay in this reality all the time. That break from ordinary mind that ketamine can give can be really special, and a great relief when ordinary mind is filled with depression and anxiety. Then you get the message from the media and your fellow users that this medication is good for depression and anxiety and can heal your trauma. When involved in this line of work and surrounded by all the positive talk of this medication, and your own experience of its dramatic benefits in your patients, it can make it hard to press the brake pedal on its use.

When I quit, I quit cold turkey. Being involved in this work meant that I still had to be around ketamine. I had to find a way to be around ketamine, helping people with this medicine, and singing its praises, while personally I was struggling with its dark effect on me. I'm not going to lie and say it was easy - serving ketamine medicine to people while knowing it had become my poison. This was a difficult juxtaposition that I was only able to make sense of when I started warning my clients at length of the risks of ketamine addiction, and its bivalent nature.

It's not that I didn't have other places in the mental health field to work. It's just that I still believed in this medicine more than anything else out there - even with the struggle I was personally going through.

The first 3 to 6 months without ketamine just felt boring. Nothing was as fun without ketamine as with ketamine. That was the predominant feeling for the first 3 to 6 months after having quit. Slowly though, my ability to experience joy from my own source - me - came back. My depression lifted. My memory got better. My bladder symptoms went away. And my relationship stabilized.

I never want to take ketamine again. I'm scared of it for good reason. I don't want to ruin my life, my mind, my body, my being in the world. And I'm glad I did it. The lessons it taught me were invaluable. I integrate the messages ketamine gave me every day into my life. It continues to make me a better person. I know I can never take it again. You have to come to making a committed decision that you're done with it. You're over it for good and then you move on. Otherwise, ketamine's tentacles will hold you in its wondrous and asphyxiating grip.

Since I've gotten sober, I've helped numerous friends with their struggle with ketamine as well. Usually, it's their spouse who reaches out first telling me that their husband, girlfriend, wife, or boyfriend is out of control and scaring them. At that point, the user usually doesn't want any treatment. They refuse an intervention. They refuse any admission of their dependency. Ultimately, most of us who get caught will have to go down their own rabbit hole of addiction before realizing that we need and want to quit. As a witness to the ketamine path of dependency and addiction, it's painful and hard to watch a friend or colleague go from exploring the K-hole to going down the rabbit hole of dependence.

Wishing my readers the best of conscious life and clarity, I am telling my story in the hope that it shall serve.

Our Resources

The Center for Transformational Psychotherapy in San Anselmo, CA

www.ketaminepsychotherapy.com

The Ketamine Psychotherapy Associates Referral List

directory.ketaminepsychotherapyassociates.com



PART 3 - THE KETAMINE PSYCHOTHERAPY ASSOCIATES (KPA) CODE OF ETHICS APPLIED TO KAP AND AS A GUIDE TO THE GENERAL PRACTICE OF USING ALTERNATIVE PSYCHEDELIC SUBSTANCES

Preamble:

For the purpose of protecting the safety and welfare of participants, the KPA Code of Ethics for Psychedelic Psychotherapy outlines ethical principles governing treatment decisions made by providers delivering psychedelic psychotherapy, and explicitly with ketamine.

As therapy providers, it is our individual and collective responsibility to adhere to the highest standards of integrity and ethical conduct. We agree to practice psychedelic psychotherapy within our scope of competence and in accordance with this Code. We directly address concerns regarding ethical issues and use clinical judgment, supervision, and consultation when ethical dilemmas arise.

The practice of psychedelic psychotherapy aims to provide an environment of safety and support for a person to engage with their own inner healing intelligence, one's innate wisdom and ability to move towards wholeness and wellbeing. We act in the spirit of service to support each participant's connection to their own inner healing intelligence. We devote ourselves to establishing therapeutic relationships based on trust, care, and attunement, and to support the participant's own unfolding experience.



This modality involves deep work with trauma and attachment, as well as non-ordinary states of consciousness in which recipients of ketamine will often be in states of inner consciousness and not able to act outwardly in their own interests; therefore, psychedelic psychotherapy carries unique ethical considerations. These considerations include the potential for greater participant suggestibility, the particular need for sensitivity regarding consent, and the likelihood of stronger and more complex transference and countertransference. Given the special considerations of this modality, we take seriously our obligation to participant safety. This work requires an elevated quality of presence, tending to the process consistently throughout psychedelic psychotherapy sessions, as well as during the phases of preparation and integration.

In order to provide fully ethical and impeccable care, we engage in practices of self-care, self-growth, and self-examination, aligning with our own inner healing intelligence. We give and receive feedback from mentors and colleagues and participate in continuing education.

This modality is founded on the practices of healers, explorers, researchers, and Indigenous traditions which stretch back centuries. We honor these contributions and recognize the privilege of working with non-ordinary states of consciousness. The ability to participate in these healing practices, as ancient as they are innovative, is both a gift and a responsibility.

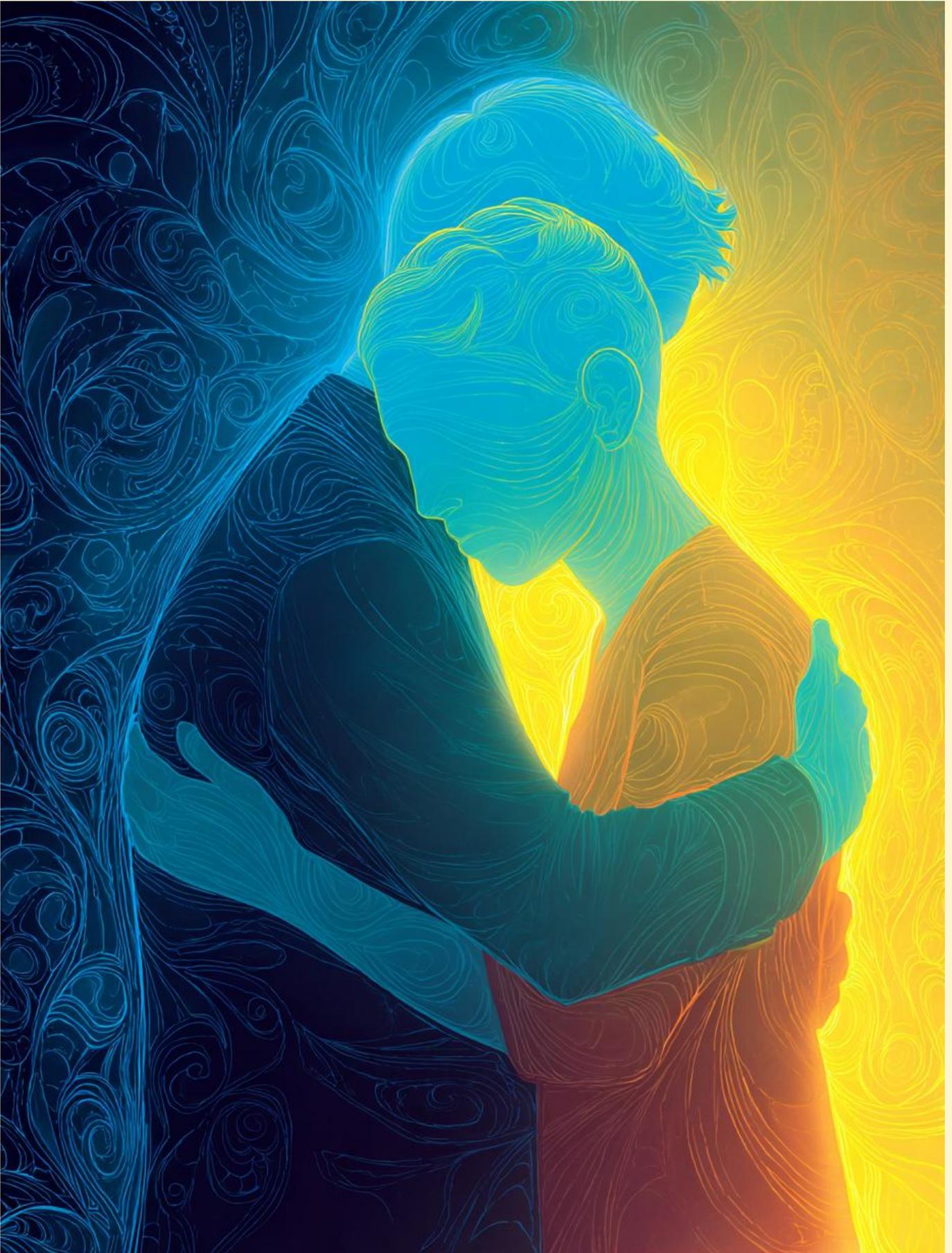
Ultimately, we envision a world where all people can access healing. We view participants' challenges, as well as their growth, within a greater web of relationships, acknowledging that trauma, as well as healing, is passed between people, across cultures, and through generations. We aim to validate and support the intrinsic wisdom and healing intelligence in others as well as in ourselves, in service to collective healing, liberation, and greater engagement in the fullness of life.

KPA PSYCHEDELIC PSYCHOTHERAPY CODE OF ETHICS

1. Safety

We commit to the safety of study participants, patients, and clients.

- We ensure that candidates are medically and psychologically eligible before enrolling them in treatment. An eligible candidate is one that has the resources necessary to engage in treatment, ideally including supportive people in their life and a stable and safe living environment.
- We conduct thorough and comprehensive screening and preparation with every participant.
- Prior to initiating treatment, we provide participants with clear information about our availability, backup support, and emergency contacts.
- We take an active role in preventing physical and psychological harm. We assess for suicidality and self-harm. We provide clear direction if needed to prevent imminent harm and are present throughout KAP sessions.
- We inform participants of the actions we will take to ensure their safety. We ask participants not to leave during medicine sessions and to follow instructions given to them.
- We are responsive in cases of participant crisis for the duration of time that the participant is in our professional care. We have a crisis response plan prepared.
- If a medical emergency occurs during sessions or at the treatment facility, we immediately respond by contacting local emergency services.



- We inform participants about the extent of our availability between sessions. We provide participants with appropriate local resources to contact in the event of an emergency or during times that we are unavailable.
- We provide consistent care to participants. We never abandon a participant. We conduct appropriate termination, with preparation when possible, and provide referrals to other providers as needed.
- We provide thorough post-session integration.
- We adhere to the laws and requirements regarding storage and security of psychedelic medicines.

2. Confidentiality and Privacy

We respect the privacy of participants and uphold professional standards of confidentiality.

- We do not reveal information about participants without their express permission, except when mandated.
- We stay informed about confidentiality practices and adhere to all applicable privacy laws and regulations.
- We obtain permission from participants before sharing their identifying information in consultation or supervision.
- We discuss the limitations of confidentiality with participants during informed consent.
- When we are required to release information about participants, we follow all pertinent laws and regulations and provide the minimum amount of information necessary. We inform participants about the release of their information. Other than patient authorized release of information, we do not disclose personal information. If patients are enrolled by their consent in a KRF research project, no personal

information will be released, and we will follow HIPAA requirements.

- We make agreements with participants about acceptable and preferred means of communication, such as leaving voicemails, sending text messages, hours of contact, and response time.
- We securely store treatment records and session recordings. We promptly respond to breaches in confidentiality.

3. Transparency

We respect each participant's right to make informed choices.

- We include participants in decisions about their treatment.
- We obtain informed consent before initiating a new treatment or technique.
- We honor each participant's option to withhold or withdraw consent at any time.
- We inform participants of all treatment procedures, including an accurate description of medicines used, potential risks and benefits, and alternative treatment options.
- We accurately represent our background and training using appropriate terms according to applicable laws and professional code.
- We inform participants of treatment fees and the process for collecting payment before delivering a billable service.
- We inform participants and all persons who will be present of any audio or video recording; we describe the purpose of recording and how recordings will be stored and used. We obtain consent from all persons present prior to recording sessions. We obtain explicit permission, outlining the specific use, authorized recipient(s), and terms of release, from the participant and all identifiable persons before releasing audio or video recordings.

- We obtain informed consent for any kind of physical touch that might be included in treatment. We inform participants that there may be times we need to make physical contact in order to ensure their safety, such as when taking their vitals, walking them to the restroom, or preventing a fall. Aside from preventing immediate danger, all physical touch is for therapeutic purposes and for support for agitation--and is optional; the participant can revoke their consent for touch at any time.
- We inform participants in advance about the possible or scheduled presence of assistants, providers, observers, or any other staff who may be a part of treatment or have access to patient-identifying information. We respect the participant's right to object to the presence of others who are not essential for treatment.
- We identify when we are unable to provide clinically appropriate care and inform participants that we must discontinue treatment and refer them to other providers as necessary.
- We prioritize the participant's therapeutic needs and treatment goals.
- We treat people receiving services or reaching out for services with respect, compassion and humility.
- We firmly maintain the responsibility of upholding clear professional boundaries.
- We acknowledge the inherent power differential between therapy providers and participants and act conscientiously in the service of participant's self-empowerment.
- We examine our own countertransference and unconscious biases.
- We avoid entering into dual relationships that are likely to lead to impaired professional judgment or exploitation. In cases where there is a dual relationship, we give special attention to issues of confidentiality, trust, communication, and boundaries, and seek supervision as needed.
- We use careful judgment about continuing interaction with existing or previous participants outside of treatment.
- When treating couples or families, we consider potential conflicts of interest, disclose policies on communicating information between family members, and discuss continued care and treatment plan.
- When working with participants in a research study, we strive to deliver therapeutic benefits while following scientific protocol.

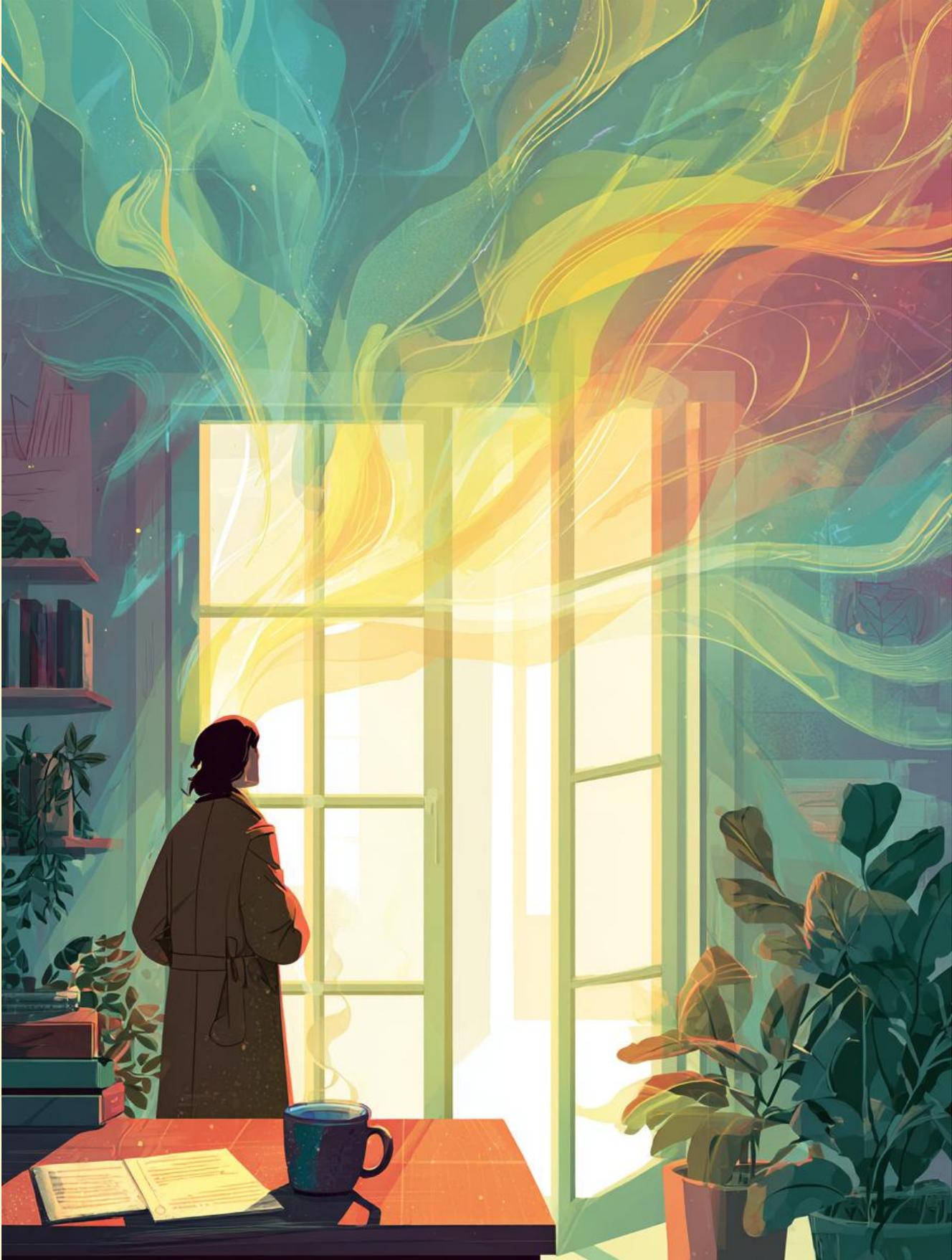
4. Therapeutic Alliance and Trust

We act in accordance with the trust placed in us by participants.

- We aspire to create and maintain a therapeutic alliance built on trust, safety, and clear agreements, so that participants can engage in inner exploration and relational healing.
- We respect the inner healing intelligence of participants to guide their experience.
- We respect the autonomy of each participant to make decisions in their life and make meaning of their experiences.
- We acknowledge that the healing process is deeply personal, and each participant has unique needs for treatment and support.

5. Touch

When using touch in our practice, we always obtain consent and offer touch only for therapeutic purposes.



- We only offer techniques, such as touch, if they are within our scope of practice and competence. With ketamine this is particularized to support, assistance with agitation, moving patients through stuck places, accepting patient's requests for reassurance that may involve hand holding, foot and shoulder touching. We seek to disengage as soon as possible in order to preserve the integrity of the personal process.

We are explicit in stating there will be no sexual touch.

- We discuss in advance simple and specific words and gestures the participant is willing to use to communicate about touch during therapy sessions. For example, participants may use the word "stop" or a hand gesture indicating stop, and touch will stop.
- We practice discernment with touch, using clinical judgment and assessing our own motivation when considering if touching a participant is appropriate.

6. Sexual Boundaries

We do not engage in sexual touch with participants.

- We take responsibility for upholding clear professional boundaries.
- We do not engage in sexual intercourse, sexual touch, or sexual intimacy with a participant, former participant, their spouse or partner, or their immediate family member, at any point during treatment or following termination.
- We commit to examining our own sexual countertransference, to not act in ways that create ambiguity or confusion about sexual boundaries, and to seek supervision as needed.
- We respect the sexual identities and expression of participants and validate

participants' processes that might relate to sexuality and sexual healing.

- As representatives of this work, we aim to uphold clear sexual boundaries and ethics in our daily lives.

7. Diversity

We respect the value of diversity, as it is expressed in the various backgrounds, identities, and experiences of participants and colleagues.

- We do not condone or knowingly engage in discrimination. We do not refuse professional service to anyone on the basis of race, gender, gender identity, gender expression, religion, national origin, age, sexual orientation, disability or socioeconomic status.
- We take steps to examine our unconscious biases. We commit to ongoing self-reflection and to practice awareness, acceptance, and respect.
- We make every reasonable effort to include people living with physical, mental, and cognitive disabilities.
- We respect the unique experiences of participants, and practice openness towards their values, belief systems, and ways of healing.
- We are attentive to the impact of power dynamics in our relationships with participants, particularly where there are differences in privilege, gender, race, age, culture, education, and/or socioeconomic status.
- We strive to be honest with ourselves and participants about the limits of our understanding, and to hold genuine curiosity and interest as we relate to participant's experiences.
- We aim to provide culturally-informed care with consideration of participants' culture, race, identity, values, belief systems, and traditions.

- We commit to deepening our cultural understanding. We educate ourselves on various cultures, identities, values, belief systems, and traditions. We inform ourselves on social, political, and economic issues that are likely to impact participants.

8. Special Considerations for Non-Ordinary States of Consciousness

We attend to special considerations when working therapeutically with participants in non-ordinary states of consciousness.

- Participants in non-ordinary states of consciousness may be especially open to suggestion, manipulation, and exploitation; therefore, we acknowledge the need for increased attention to safety, sexual boundaries, and consent.
- We do not engage in coercive practices or behaviors.
- In working with non-ordinary states that can evoke unconscious material for both the participant and therapy provider, we acknowledge the potential for stronger and more complex transference and countertransference. Therefore, we practice self-awareness and self-examination and seek supervision and guidance as needed.
- We approach participant's experiences with respect, curiosity and openness. We suspend our own beliefs and opinions and cultivate an expanded perspective that embraces extraordinary states.
- We refrain from imposing our personal needs on our patients: sexual, financial, for recognitions, for use of opportunities they may present, for anything that is self-serving and self-aggrandizing.

9. Finances

We maintain clear communication with

participants about fees and aspire to increase financial access to services.

- We disclose our fees and payment procedures before enrolling participants in treatment.
- We advocate for participants with third party payers, including health insurance reimbursement, sponsors, and donors when possible.
- We create opportunities for participants who are unable to afford the full cost of KAP to engage in treatment through our Access to Care program of the Ketamine Research Foundation and by fee reductions.
- We do not initiate or continue treatment solely for financial gain; we only provide treatment when we believe our services have therapeutic value for the participant.
- We do not accept compensation or gifts for referrals.
- We establish and maintain clear and honest business practices.

10. Competence

We practice within our scope of competence, training, and experience specific to the populations we are working with and the modalities we offer.

- We represent our work and qualifications honestly and accurately.
- We assess at intake whether a potential participant's needs can be addressed within our scope of competence and, if not, make informed referrals to other providers and services.
- We commit to ongoing professional development, seeking supervision and continuing education to further our therapeutic skills and presence.
- We maintain licensure(s) and certification(s) in good standing, including re-certification as required.

- We maintain CPR training as current.
- We train for personal awareness by experiencing the alternative medicines we are administering - under supervision - ketamine in particular.

11. Relationship to Colleagues and the Profession

We establish and maintain compassionate and positive working relationships with colleagues, in a spirit of mutual respect and collaboration.

- To maintain the highest integrity in our practice, we consult with fellow practitioners and colleagues. We commit to asking for feedback and being open to receiving it, as well as offering feedback when it may be needed.
- If we face ethical decisions or questions about our practice that are not sufficiently addressed in the guidelines of this Code, we will seek consultation from colleagues or a supervisor.
- If we believe that a colleague has acted unethically or in violation of this Code, we will take reasonable and timely action. We discuss ethical concerns directly with colleagues. When an ethical violation has caused or is likely to cause substantial harm or when directly addressing the concern has not resolved the issue, we report the issue to the appropriate licensing board, institutional authority, and ethics committees, with consideration

For correspondence concerning these guidelines, please address email to krfguidelines@gmail.com

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Thanks so much!

of confidentiality rights.

- We represent the modality of psychedelic psychotherapy with professionalism and accuracy when communicating with the public, including through the media, social media, and presentations.

12. Relationship to Self

We commit to ongoing personal and professional self-reflection regarding ethics and integrity.

- We commit to an ongoing practice of self-compassion and self-inquiry.
- We seek professional assistance and community support for our own emotional challenges or personal conflicts, especially when, in our view or in the view of colleagues, they affect our capacity to provide ethical care to participants.
- We subscribe to the value of humility, out of respect for the transformative power of the experiences we have the privilege to witness and support, and out of respect for human dignity.
- We fully support a Code of Ethics that is compassionate, just, and collaborative. We always seek the benefit of patients and practitioners.

–Phil Wolfson MD

The Ketamine Psychotherapy Associates



PART 4 - GUIDELINES FOR THE EFFECTIVE USE OF KETAMINE CLINICALLY MANIFESTING A STANDARD OF CARE A REFERENCE FOR CONSUMERS AND PRACTITIONERS

Presented as Information - to those contemplating using ketamine for healing and therapy, for potential consumers seeking information on the best practice of clinical ketamine administration, and for ketamine providers as a standard of care reference for the clinical practice of ketamine.

The Basics

Situating the Therapeutic Use of Ketamine as a Psychedelic Medicine

- Ketamine has an FDA indication - its 1970 approval - for administration as an anesthetic to humans and in veterinary medicine.
- At lower dosages than those necessary for producing anesthesia, ketamine produces effects that impact consciousness. This is dependent on the dosage of the medicine administered, the rapidity of its absorption (which depends on how it is given - the route of administration), and the particular sensitivity of the recipient.
- Presently, ketamine is the only psychedelic medicine that is legal to use.
- This has come about because ketamine is indicated for anesthesia as a DEA Schedule 3 medicine. Its 'off-label' use has been vigorously explored for psychiatric indications in the last 25 years and ketamine is being supplied under varying degrees of medical supervision - from mail order distribution with virtually no supervision, to highly developed clinical centers that recognize its potential, its risks, and its therapeutic value. For its legal use, ketamine must be prescribed by a licensed practitioner - the medical specialty not having been specified.
- Like all psychedelic medicines, ketamine's effects are not confined to specific diagnoses or conditions. Ketamine when utilized clinically may be of therapeutic value for depression, trauma, PTSD, OCD, eating disorders, identity struggles, relational issues, sexuality, social connection, etc. This depends on the context, training and development of the practitioner, as well as the presentation and situation of the patient(s).
- All psychedelic medicines were made illegal and put out of reach by the DEA into Schedule I at varying dates. MDMA has gone through rigorous clinical trials and is still awaiting approval for clinical use. Psilocybin (mushrooms) is going through the FDA hurdles. Cannabis remains illegal at the Federal level of proscription but has variously been decriminalized in the majority of states - and some states and localities have partially decriminalized MDMA, mushrooms and other psychedelics.
- Beginning in the 1800s (cannabis use may extend as far back as 8000 years ago) and escalating in the 1960s to the present, mind altering substances have moved center stage in Western public use and gradually in clinical medicine and psychiatry/psychotherapy. A most welcome awareness has occurred of the worldwide Indigenous peoples embedded use of psychedelic medicines in their cultures. In the times when there was no prohibition, such as in the 1960s, and the 1980s for MDMA, their use in clinical medicine changed the nature of psychiatric/psychotherapy medicine.

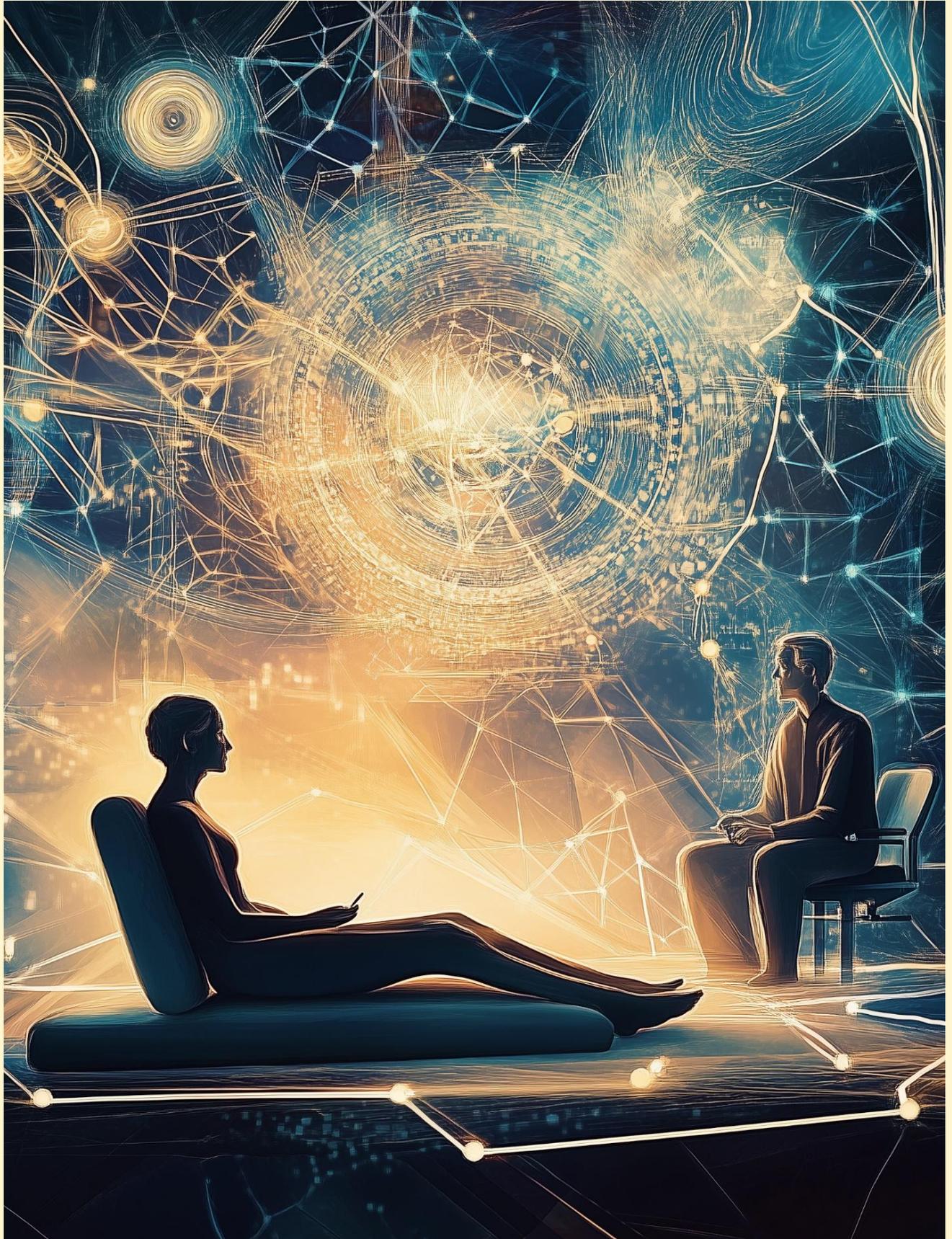
- Medicines that have the potential for rapidly altering consciousness and the course of lives revolutionized the therapeutic practice attendant on their administration. Many hours long sessions, Integration practices, the greater intimate exposure of practitioners to their patients, the nature of the effects and therefore the requirement for ongoing support, the breakage of the monopoly of the 50-minute analytic hour, the need for provision of safe and attractive settings for sessions - these and more created a new opportunity for assisting human beings in their troubles, struggles, and awakenings.
- The world of pharmaceutical development has largely been static in its production of new types of medicines with improved clinical impacts. Ketamine and psychedelics represent a breakout from the partially successful conventional treatments. The unfortunate continued criminalization of their use has stultified the potential for mind altering medicines to be applied legally and for their methodological development to benefit humans.
- *This is where ketamine assisted psychotherapy provides a path for both significant patient benefits and the development of strategies for its application.*

Ketamine In Its Clinical Application

- Ketamine provides a psychedelic experience that varies in its depth and effects. As an alteration in how we think, feel and experience ourselves and the world, however momentary, that experience deserves to be heard, shared, and processed in a format we call Integration. This enables exploration of what has been experienced; how we may be different and changed from it. The practitioner is responsible for the handling of confusion and difficulty; the provision of support, interest, and concern, helping the patient make connections and protect them from isolation and introversion. The practitioner also assists in the retention and incorporation of the values, insights, and the transformative experiences of the journey undertaken. This is the essential basis of harm reduction. It is the catalyst for personal liberation and healing.
- Historically, we have come to call this process "assisted psychotherapy" and it differentiates the application of psychedelic medicines from "drugs." For ketamine, there has been a split in how it has been administered, the most widespread applications being clinics providing intravenous ketamine generally without the sharing possibility or support provided as above. The same is true for the basically unsupported distribution of lozenges over the web. As clinicians, we view this as treating ketamine as a drug, much like any other. Ketamine is a potent psychedelic, however, and subject to misuse if not clinically monitored.
- Misuse of ketamine has been studied in in-person clinical settings and reassuringly has only rarely occurred there. This usually happens with those who have had pre-existing drug dependencies. In comparison, ketamine misuse and dependency has been widely reported among recipients of mail-order distribution of ketamine lozenges.
- Psychedelic medicines are mind altering and it is our view that any practitioner providing such medicine be personally familiar with the medicine and its effects. This has been the process historically with psychedelic medicine and an essential part of the research of MDMA for prescriptive use. Ignorance of the medicine means that a practitioner has little sense of what their patient is experiencing. In this situation, they cannot relate to the effects on their patient - and

generally the practitioner is not interested in the experience and its impact on the person. This tends to be the experience reported by patients receiving ketamine in medicalized settings. Anesthesiologists tend to have been at the forefront of the creation of ketamine intravenous clinics and generally are not trained in psychiatry and psychotherapy though they are administering ketamine for psychiatric indications.

- While administering ketamine as a drug has a success rate - about 30% for remission from Treatment Resistant Depression, the basis for this is complex. It most likely includes a direct effect of ketamine, and importantly, the time-out from the usual mindset that is psychologically valuable and impactful. Ketamine assisted psychotherapy (KAP) has a much higher success rate when practiced fully to the standard of care discussed herein.
- Methodologies for practicing ketamine psychotherapy are as various as there are schools of psychotherapy. There are many approaches to being with human beings as healing strategies. There is no single best way, although there are many claims. Navigation of the field by consumers can be difficult. Assisted psychotherapy adds another dimension as the understanding of best practices evolves to surround the ketamine experience. This includes modifications of existing psychotherapeutic strategies and breaking ground that encompasses the new paradigm forming for psychedelic psychotherapy.
- There is no uniformity to the methodology of KAP practices and the duration of sessions will vary from practitioner to practitioner. A minimum stay is 2 hours, but up to 3 hours is more desirable. A quiet space for recovery after a session concludes is a must. KAP therapists need to sit for their patients as long as necessary for their recovery and no patient should be sent home until they are safe to be released. Rides and supportive persons giving rides are preferred.
- The most important measure found in studies of psychotherapeutic success has been the experience of the warmth, attention, and openness of the therapist to their patients. With the prolonged and vulnerable nature of ketamine and psychedelic sessions in general, this is even of greater importance.



The KAP Experience as Standard of Care for Ketamine Administration

The particulars of the actual administration of ketamine are left to practitioners and can be found in references below.

- The KAP experience has many components that include:
 - A comprehensive evaluation and assessment of the patient, their history, their experiences with substances, their history of trauma, their relationship history, their social and family histories. This also includes their current life situations, work and financial statuses, psychotherapy, and more. It needs to be an approach to develop as complete an understanding of the patient and their situation as is possible.
 - In person preparatory meetings with prescribers and therapists center on becoming familiar with the person, their pain and struggles, their view of themselves and the world, a sense of their positive attributes and values. The process is intended to create an engagement that is designed to lead to the trust necessary for having ketamine treatment.
 - Finances and insurance will be discussed. While ketamine treatment itself is not covered by insurance, psychotherapy may be covered by the specific insurance plan and a partial reimbursement made possible. Some practitioners volunteer to offer a sliding scale.
 - Based on this thorough assessment and a meticulous informed consent process, an initial treatment plan is created and discussed with the patient.
 - The ability to predict the course of treatment is limited and tends to become somewhat more defined after a first session reveals the patient's sensitivity to ketamine and any side effects such as nausea, as well as any difficult emotional reactions.
 - KAP is explained, discussed and questions answered. Consultation with providers is arranged. Important relationships are included as indicated and/or as requested by patients. For adolescents, family therapy is a component part. KAP is available to couples and to families. Inclusion of collateral relations may evolve during treatment.
 - The treating team will decide on who the principal therapist will be, and if a dyadic approach is necessary, especially at the inception of treatment. This will be based on the complexity of the problems to be addressed, medical issues, and emotional reactivity.
 - The ingredients of a KAP session include music, comfort, reclining chairs, eyeshades, and an office setting that is conducive to relaxation and suggests that warmth and compassion are present.
 - The essential components of a KAP session are:
 - The Opening Period which sets the stage, frames the work, creates the connection between therapist(s) and patient, reviews and

updates stresses and concerns, and prepares for receiving the medication.

- o The Ketamine Experience
 - o The Integration - focusing on what was experienced, its impact and meaning, any difficulties, going home and concerns about the aftermath.
- Follow-up and Integration Sessions should occur within days of the session. A sense of the course of treatment will begin to take shape.
 - Given ketamine's flexibility as a medicine, there are many approaches possible using different strategies for doses, session intervals, combinations of routes of administration, psychotherapeutic strategies, and the creation of protocols specific to diagnoses, and specific to the particular needs of patients.





The Administration of Ketamine in Clinical Settings

- Ketamine is administered through multiple routes. The most common and reliable for absorption are the intravenous (IV), the intramuscular (IM), the mouth, (lozenges and rapid dissolving tablets) and the nose (Intranasal RS and Spravato-esketamine.) Ketamine is readily absorbed through the mucosal linings of the mouth, and nose. The anus and vagina are also lined with mucosa, but these routes are much less frequently used in clinical practice. Absorption from the gastrointestinal tract from swallowing ketamine is generally less robust and can increase nausea. Injections via subcutaneous administration are sometimes used but absorption is irregular.
- The rapidity of effect varies with each route. There is essentially full absorption when ketamine is administered by IV or IM routes.

Generally, the IV route is administered as a drip over 40-60 minutes depending on the practice. Onset takes some time for sufficient ketamine to be delivered. Proponents of the IV method claim they have better control of the ketamine experience as they are able to regulate the rate of the drip administration and can easily shut the drip off. The truth is that ketamine is not an on-off experience and once ketamine is in you, it persists according to the rate of your metabolism of the medicine. Ketamine's half-life is 2.2 hours and its only active metabolite - norketamine - has a half-life of about 1.2 hours.

- The IM administered ketamine tends to have a rapid onset - two to three minutes and a rapid peak. Control of the amount administered and the depth of the experience is related to the dose administered and if there is repetition of the injection. Two to three injections spaced apart is a common practice and can amplify the depth of the experience and its duration.
- There are two forms for the provision of oral-buccal (mouth) administration of ketamine - waxy troches and rapid dissolving tablets (rdts, or odt's). A common mistake is to believe the lozenge/rdt is the source of the ketamine and when they dissolve, ketamine has been absorbed and one can spit out or swallow the saliva. This myth has also fueled online distribution of ketamine for over prescription of rdt's and preparation of unnecessarily high doses of the rdts - plus recommendations for too short a holding period of the material in the mouth.
- The lozenge/rdts are a ketamine delivery vehicle much like coffee delivers caffeine. The dissolution of the lozenge/rdt puts the ketamine contained in them into the saliva. It is the saliva that makes contact with the mucosa enabling the absorption of ketamine into the bloodstream and then the brain. The saliva needs to be retained in the mouth and circulated — we call it 'swishing' to increase contact with the mucosa and have the ketamine absorbed.
- The intranasal route of administration provides ketamine directly to the mucosal lining of the nose. It is formulated with agents that increase viscosity to help its retention, though dripping down the back of the throat can be uncomfortable. The dosage of intranasal preparations varies depending on practitioners and formulating pharmacies. Time of onset of the ketamine experience and amount absorbed tend to be somewhat more rapid with greater absorption than the oral-buccal route.

Early on in our learning about how to practice with ketamine, we observed patients who had

become ketamine dependent through intranasal overuse of the spray. They would go from nostril to nostril instilling the spray. As the lozenge/rdts are of a fixed dose and less comfortable to overuse, we focused our practice on using that method. Occasionally, we utilize the nasal spray route but only in-office.

- In general, the higher the dose, the deeper the experience and the less memory of the experience. The higher the dose the more the five senses are diminished in their ability to perceive. The higher the dose, the greater the separation from consensual reality and the greater the sense of disorientation and orientation to other realities.
- Some degree of 'ego-dissolution'/letting go/dissociation/psychedelic is essential for ketamine's effect. This is an inherent part of the ketamine experience and its healing and mind-heart opening potential. It is spurious to downplay this - and it confuses patients and practitioners alike. The altered states of consciousness that ketamine engenders present the opportunity for change and the necessity for processing and integration.

A view of common and safe dosages for each route of administration:

* To begin, an important caveat - ketamine dosages are often expressed in milligrams per kilogram (mg/kg), in other words based on the recipient's weight. While this has some value in terms of calculating the possible effect of a dose and has a relationship to much higher anesthetic doses - we call our dosage range 'pre-anesthetic.'

* The effect of ketamine - and this is true for all psychedelic medicines - is based on each individual's sensitivity to ketamine. This is not a given and cannot be predicted in advance of the experience itself. Therefore the rule is, 'You can always give more, but you cannot take away what has been given.' In our experience, some very small individuals require high doses for effect. And some very large individuals require only moderate doses.

* Fortunately, ketamine is an extraordinarily safe medicine and has been in clinical use since 1970. Ketamine does not impair respiration. It has been used - and is in use - in a large variety of situations at much higher dosages than those that are used in psychiatric/psychotherapy practices.

* IV Dose Range: Original clinical practice - in an unsuccessful effort to avoid dissociative/psychedelic experiences - was and often still is 0.5mg/kg administered over 40-60 minutes. With experience and in the interest of efficacy, the range has expanded to 1.5mg/kg, even 2.0 mg/kg. Obviously, attention to the individual response to the dose has become influential on increasing the range of IV administration.

*** IM Dose Ranges (actual doses, not mg/kg):**

- a) 4mg-15 mg for a softening letting go that enables a psychotherapy session - barely perceived.
- b) 10mg-35mg depending on sensitivity for what we term *psychorevelation* sessions in which the ability to process inner experiences therapeutically is present and easier, usually after a short deeper period. Access to mental contents and the ability to engage with the therapist is present.

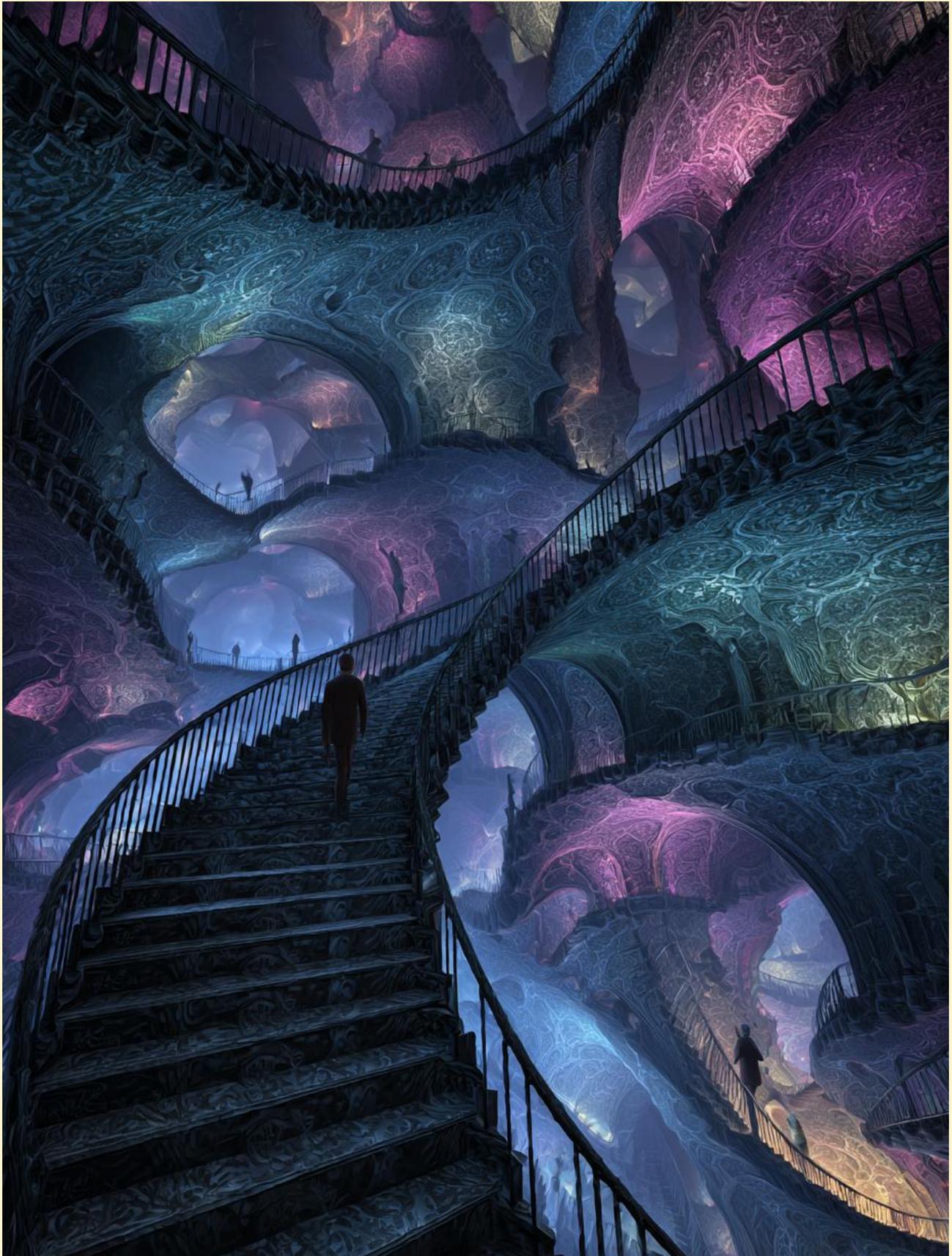
- c) 25mg-60mg - a low to moderate dose that depending on a person's sensitivity may be profound.
- d) 60mg-130mg - generally the range for profound experiences - The Transformational Space - out of body, out of time and this reality.
- e) 130mg-200mg - for those who have been previously assessed for degree of effect and require more ketamine to reach The Transformational Space.
- f) >200 mg - generally not a good idea. This is where in the use of ketamine outside of clinical practices, individuals make mistakes of poor judgement.

*** Oral-Buccal Lozenge/Rdt Ranges:**

- a) Our clinic uses 50mg and 100mg rdt. We don't use lozenges - or troches as they are called - as the rdt dissolves in a minute or so putting ketamine into the saliva much more quickly than the troche does. In fact, we developed the rdt that is in common use in collaboration with our formulating pharmacy and sharing our formula with other practices.
- b) We generally start our evaluation of a new patient's sensitivity to ketamine with a single 100mg rdt. In that dosage escalation session, we may increase at an interval up to an additional 2-100mg rdt. This process allows us to understand sensitivity and plan future sessions - IM and/or rdt - plus the dose for at-home sessions with rdt when patients are ready to supplement their office work with supervised at-home sessions. The same dosage escalation assessment may be done with IM injections.
- c) Our dosage range is from 100-400mgs. In other words, 1-4 rdt at once.
- d) The time period in which the saliva is circulating in the mouth is critical for good absorption. Unfortunately, there are no studies of time optimization. We practice and recommend 15 minutes for saliva to be in the mouth. As only a portion of the ketamine available in the saliva is absorbed - perhaps 20-40% - the longer the saliva is held in the mouth, the more ketamine is absorbed.
- e) Rdt dosages prescribed at large are various, as are the ketamine amounts per rdt, as are the times suggested for holding saliva.

200mg rdt are common, 400mg rdt are distributed and even 800mg rdt. We are aware of some online distributors suggesting doses of 1200mg and having patients swallow when the rdt dissolves, or suggesting a very limited time for holding saliva in the mouth. All this is good for is repeat prescriptions.

Our suggestion is using up to 400mg in a session held for 15 minutes. This applies to in-office and supervised at-home sessions.



- f) Minimally supervised distribution for home-use of higher doses is an encouragement for misuse, diversion, and dependence.
- g) This goes to the heart of the matter. The essential benefit of ketamine comes from some degree of a time-out, a break from usual life, its struggles and obsessions. While we are proponents of the benefit of the psychedelic Transformational Space, healing and new insights come from the meditative time-out and the reformation that accompanies that interval of freedom. Psychedelic journeys can be a wonderful transformative aspect of ketamine - and are best pursued in the clinical setting. But letting go and reforming oneself is the essential medicine.

*** Intranasal:**

- a) The spectrum of ketamine's applications is still enlarging. Spravato, which is esketamine, one of the two isomers or components of ketamine in its usual prescriptive form, was approved by the FDA for psychiatrists treating treatment resistant depression. Recently, it has received insurance coverage making it desirable from a consumer's financial point of view. The caveat is that it has limited effect according to the clinical trials that led to its approval. Also, it is provided under restricted circumstances. Importantly, it is not provided within an assisted psychotherapy format. As it is now inexpensive when insurance covers it, consumers are attracted to its prescription along with the bona fide provided by FDA approval.
- b) There is an illusion created by patenting and advertising that esketamine is unique and different from the ketamine that has been prescribed now for about 55 years. The fact is that the commonly prescribed ketamine is 50% esketamine and that anyone receiving ketamine in any of its formats is receiving esketamine. Given the limitation on Spravato's actual dose, it has been the case that over many years' time, practitioners using intranasal ketamine for psychiatric purposes have exceeded the Spravato dose - no doubt achieving greater efficacy and at a fraction of the cost.
- c) Nasal preparations of ketamine (the RS common format) are in widespread use within in-office practices. They come in a variety of strengths - generally 10mg per squirt, a squirt being 0.1ml of liquid - and up to 20 mg/squirt. Intranasal administration is an effective method for introducing ketamine to new patients gradually, assessing the impact of progressive administrations in a timed sequence. It is effective for low dose *psycho-revelation* sessions; for a gradual relaxation before having the higher dose IM experience; and for a moderate ketamine experience. We suggest a limit of 200mg per intranasal session. The cautionary is for the misuse potential of at home distribution.

In Conclusion

- There are considerations for awareness in accessing ketamine treatment of any sort. As ketamine is an anesthetic, inappropriate behavior under its influence occasionally has taken place. Touch may be reassuring for anxiety, but is always by consent and limited to what is termed 'non-invasive touch.' Any practitioner is prohibited from using their patients for their personal needs which include sexual, sensual, financial, fame, and emotional work.

- The Ketamine Code of Ethics is an important part of these Guidelines.
- Selecting a practitioner in whom you have confidence, who has had training in ketamine and psychotherapy, who is interested in you, and has personal knowledge of ketamine, this is our best advice for a successful ketamine treatment experience.

While it is certainly true that not everyone wishes to examine themselves and their lives and therefore will choose what is essentially a drug experience that may have psychedelic effects. The view presented in these Guidelines is that comprehensive and effective treatment with ketamine is best served by the KAP experience. Please let us know how that goes for you. We are in a dynamic, learning process that we believe to be shaping a new and positive approach to healing human suffering - and conscious living, loving and kindness.

We hope that this has been beneficial to you as a patient or a provider. We are available through our Ketamine Research Foundation.

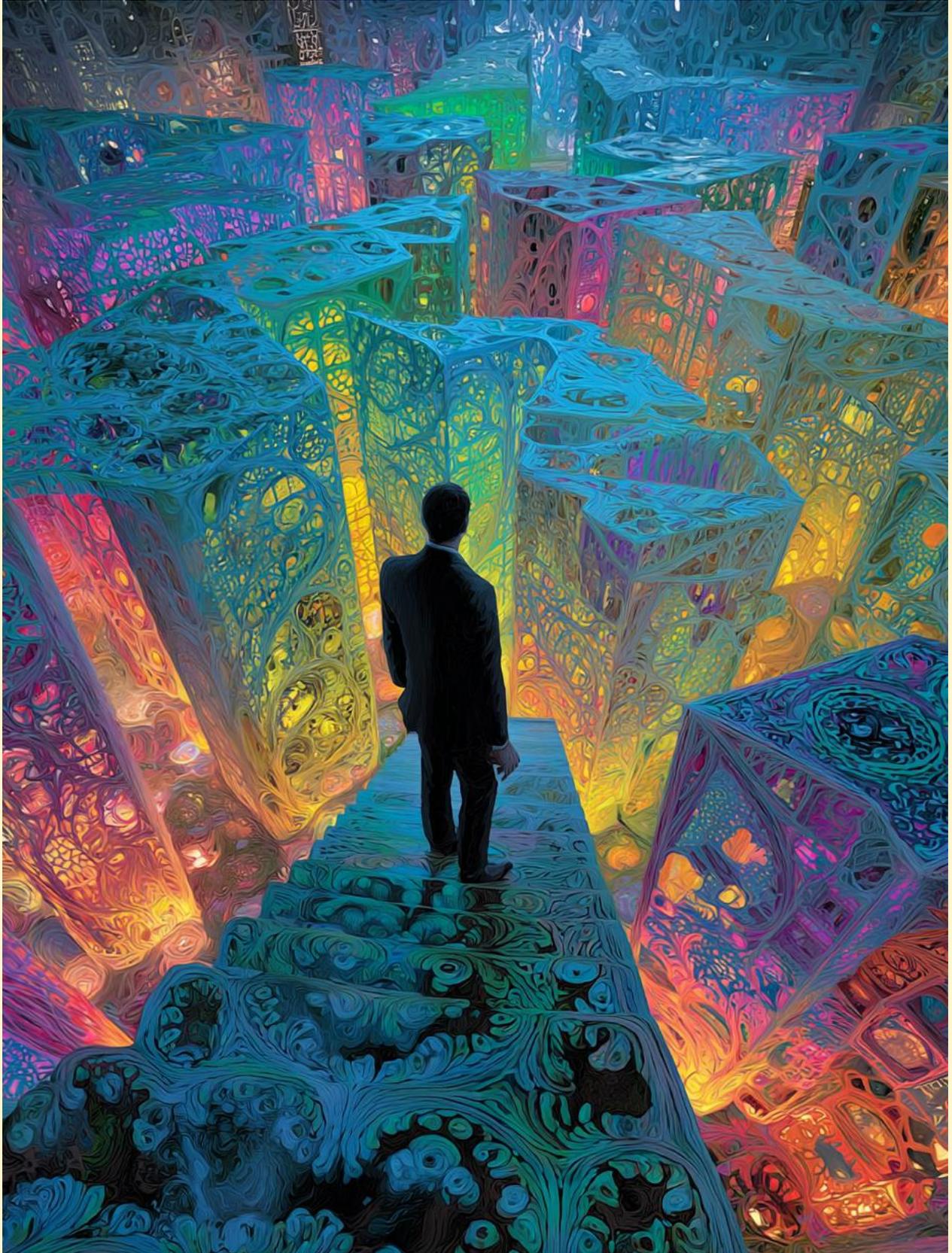
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GUIDELINES 2 -- KETAMINE USE, MISUSE AND TREATMENT – THE EXTENSIVE VIEW

PART I – THE ALLURE, THE RISKS, DEPENDENCE, AND A BEGINNING APPROACH TO TREATMENT

The Allure of Ketamine and Its Benefits

Ketamine can be a wonderful and enticing experience. It tends to promote a better mood, vivid imagination, and relief from anxiety, trauma, rumination, and depression. This medicine can be sensual, elevating, and lead to a sense of communion with the divine. Ketamine tends to create greater tolerance, humility and closeness in relationships. These are the characteristics of ketamine that make it interesting and potentially useful for mental health treatments and overall wellbeing.

Ketamine is a very flexible medicine in its effects. The nature of its impact on you will vary with dosage, route of administration, your particular sensitivity to ketamine regardless of your body weight, where and with whom you do it, and your state of mind entering into the experience.

To get benefit from ketamine, it is essential to have some degree of time out from your ordinary mind, a bit of a break – what we also call ego dissolution.

As you increase the dose of ketamine you are amplifying its anesthetic effects and increasingly eliminating your awareness of external sensory inputs. Eventually, you will have a period of time - usually 20-30 minutes in duration - when you will have eliminated all external sensation, and you will be in a deep state - a journey - which is referred to as the k-hole. We at KRF call it the Transformational Space.

When you are in this state, your safety becomes paramount - as you are helpless to deal with your external world. Having a sitter, or better a skilled therapist, providing for your safety is best practice. The higher the dose, the less memory you will have of your experience to bring back for your learning and integration. This is the zone in which you may become agitated and express what is happening in your journey externally with energy.

The Transformational Space is a mental state in which there is little or no access to external reality. In unsupervised experiences, errors of judgement may occur and be injurious. This may occur at the beginning of the experience when an unsafe setting is chosen, or during the coming-back portion - when attempts at driving or other unsafe choices may be made. Another form of difficulty occurs particularly with insufflation of this drug in powder form, as the potency of the ketamine and the amount inhaled is not readily known. This may lead to a 'too much' scenario.

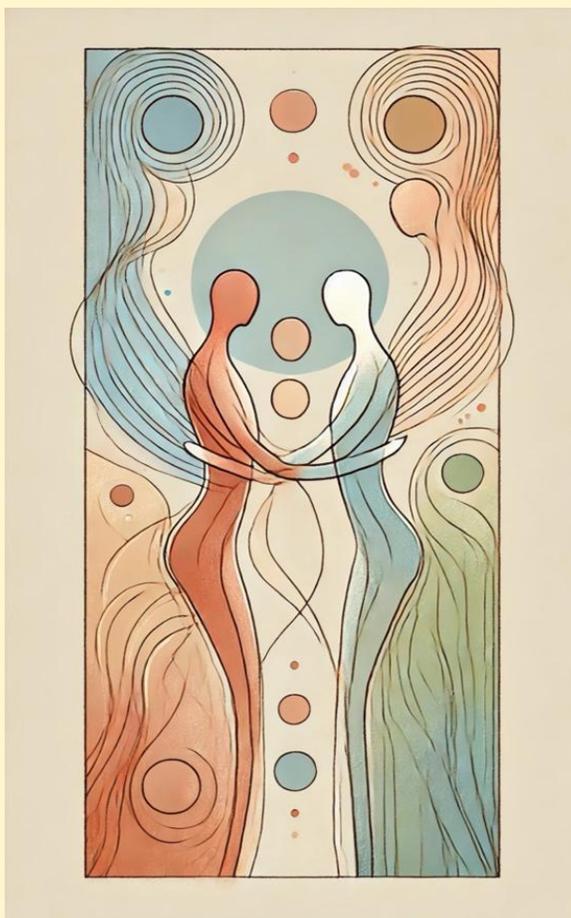
Non-ordinary, psychedelic experiences are the nature of the higher dose ketamine experience. Ketamine's effect on affect, or emotional status, reliably but not perfectly ranges from neutral to positive. Hence its deserved reputation as antidepressant. This medicine also tends to serve as a clearing house, opening the door to a reformation of consciousness. Common experiences include: journeys into the cosmos; a sense of dying without fear; experiences of love of family and life; complex geometric landscapes; and themes that are dream-like and otherworldly.

With frequent and compulsive use, the experience changes and there is a tendency to promote narcissism exalting the specialness of the user and feelings of immersive connection in the truths of the universe. This pattern also serves as an escape from personal historical pain while simultaneously creating new forms of suffering through overuse.

The essential character of ketamine dependency is ego inflation that overrides usual monitoring and feedback loops from self and others. This condition tends to mirror the hypomanic to manic state and a desire to continue the high of the grandiose mindset. It is the opposite of the experience of most ketamine users who undergo ego dissolution without inflation.

The vast majority of ketamine users do not develop dependency. For most users, the ketamine experience involves significant challenges alongside its benefits. Like other psychedelic experiences, it includes inevitable difficulties and uncomfortable aspects. While we may feel drawn to continue exploring ketamine's therapeutic potential, the overwhelming number of ketamine users typically maintain healthy boundaries and avoid compulsive use patterns.

The Guidelines lay this out.





The Spectrum: Use to Misuse

A Brief Summary of Therapeutic Use

- Medically supervised administration in clinical settings
- Adherence to established protocols and dosing guidelines, with strict ethical standards including informed consent, appropriate patient selection, boundary maintenance, and professional conduct
- Development of therapeutic relationships creating trust and open dialogue, depth and treatment of trauma
- Clear therapeutic intent and goals within comprehensive psychiatric care, with thorough patient preparation including pre-treatment education, expectation, setting, and post-session care planning
- Integration of experiences. Therapeutic methodologies applied standardized outcome measurement using validated scales to track depression, anxiety, or other target symptoms over time
- Regular monitoring and assessment
- Time-limited treatment courses with planned endpoints

Typical Elements of Episodic Personal Exploration with Ketamine

Typically, much lower doses and less frequency than with problematic use

- Motivated by curiosity, social factors, or spiritual exploration
- Little to no impact on daily functioning
- Absence of compulsive use patterns
- May occur in the context of polysubstance use

Typical Elements of Developing Problematic Use of Ketamine

- Increasing frequency and/or dosage
- Shifting motivation from exploration to escape
- Self-medication; may occur in a group of fellow users
- Early signs of tolerance development
- Preoccupation with obtaining and using ketamine
- Often involves polypharmacy
- Continued use despite increasing social, occupational, and physical negative consequences
- Neglect of responsibilities and relationships
- Failed attempts to control or reduce use
- Tendency to dismiss interventions and ignore feedback

Typical Elements of Dependency and Substance Abuse

- Compulsive use despite significant negative consequences
- Loss of control over amount and frequency of use; obsessive focus on ketamine supply
- Preoccupation with obtaining steady ketamine supply
- Narcissistic preoccupation with ketamine experiences and grandiose self-perception affecting relationships and life activities
- Persistent cravings and psychological preoccupation
- Development of tolerance requiring escalating doses

- Withdrawal symptoms upon cessation
- Significant impairment in social, occupational, and recreational activities
- Continued use despite awareness of physical and psychological problems .
- Actively resists interventions

Specific Ketamine Use Patterns

While ketamine dependence shares features with other substance use disorders, it has several distinctive characteristics:

- **Episodic** rather than daily use patterns are common
- **Binge use** (multiple administrations in a short period such as weekends) is frequently reported
- **Continuous use also may occur, especially in advanced stages**
- **Psychological dependence** typically precedes and exceeds physical dependence
- **Dissociative experiences** play a central role in reinforcement
- **Tolerance** develops rapidly but may partially reset with abstinence periods. As tolerance proceeds, some degree of functionality may persist or be maintained
- **Amounts** vary as do frequencies within a day. Continuous use may occur
- Use may alternate between periods of abstinence and intensive use

Pathways

Self-Medication of Ketamine Following Clinical Treatment is Uncommon

- Patients experience relief during clinical treatment
- When treatment ends or becomes less accessible, they seek to continue effects
- May begin obtaining ketamine through non-medical channels
- Initially use patterns may mimic clinical protocols before evolving
- Web distribution increases temptation and availability without adequate supervision
- Prior history of drug and alcohol dependencies increases the likelihood of ketamine misuse following treatment - caution is imperative in patient selection
- Individuals who are already using ketamine outside of a clinical setting should generally be excluded from initiating clinical ketamine treatment
- After abstinence, resumption of ketamine in a clinical setting may lead to cravings and abuse
- Often involves a shift in intention from symptom relief to consciousness exploration

Experiential Pursuit of Ketamine Among New Users

- New users often find the subjective effects compelling, with some experiencing emerging feelings of grandiosity that may warrant exploration
- Curiosity and social settings encourage exploring these states, including outside of clinical constraints
- May seek higher doses or different contexts to enhance experiences
- May explore use of other psychedelics along with ketamine
- Peer pressure and normalization within certain social groups may accelerate progression



Relief-Seeking Escalation

- Beneficial effects begin to diminish (tolerance)
- Increases frequency or dosage beyond controlled use parameters
- Seeks out new and illicit supply resources
- May seek out other users and find those who are codependent and support compulsive use

Risk Factors

Clinicians consider a series of factors that can increase the chances that a person will misuse ketamine.

Patient-Related Factors Affecting Assessment in Ketamine Clinical Contexts

Substance Use History

- History of substance use disorders
- Prior ketamine use, particularly frequent or habitual patterns
- Attraction to "tripping" or dissociative experiences
- Desire for novel and intense experiences
- Tendency toward boredom or stimulus-seeking behavior

Psychiatric and Psychological Factors

- Comorbid psychiatric conditions, particularly mood and anxiety disorders
- Uncontrolled hypomania and Bipolar I disorder
- Personality traits including sensation-seeking and impulsivity
- History of social misconduct or ethical violations
- Challenges with rational self-control and decision-making
- Use of substances for emotional regulation
- Family history of substance use disorders
- Limited coping skills and inadequate support systems

Treatment-Process Related Factors

- Inadequate screening and assessment
- Insufficient monitoring during treatment
- Indiscriminate or unsupervised prescribing practices
- Evidence of medication diversion
- Limited provision of integration support and adequate treatment duration
- Failure to include relevant collateral contacts (family, support persons)
- Failure to coordinate care or establish a comprehensive treatment team
- Abrupt discontinuation of beneficial treatment
- Lack of clear treatment boundaries and patient expectations

Access and Availability as Risk Factors

Sources for Ketamine

- Proximity to drug dealers and illicit drug markets
- Connection to medical or veterinary settings where diversion is possible

- Online access through darknet markets
- Online access to unregulated ketamine distributors
- Social connections to ketamine users or dealers

Affordability and Supply

- Financial resources to purchase ketamine
- Price fluctuations affecting usage patterns
- Concerns regarding purity and potential adulterants
- Consistency and reliability of supply
- Safety concerns regarding supplier reliability and procurement methods

Mental Health Conditions and Potential Impacts for Ketamine Dependence

Mood Disorders

- Depression may increase vulnerability through self-medication dynamics
- Bipolar disorder is associated with higher risk of substance use disorders and grandiosity with loss of moderation by executive function and hyperactivity, plus potential for paranoia
- Cyclothymia and emotional dysregulation as risk factors
- Potential for using ketamine to temporarily alleviate mood symptoms

Anxiety Disorders

- Social anxiety may increase risk through ketamine's disinhibiting effects through reduction in self-consciousness
- PTSD and trauma history are associated with higher rates of substance use for transcendence of the PTSD experience
- Generalized anxiety and the appeal of ketamine dissociative escape
- Panic disorder and the potential for paradoxical response

Other Psychiatric Conditions

- Attention-deficit/hyperactivity disorder and impulsivity
- Borderline personality traits and emotional dysregulation
- Narcissistic Personality Disorder
- Significant Paranoia
- Schizophrenia spectrum disorders and vulnerability to psychosis
- Dissociative Identity Disorder (DID) - with caution
- Ketamine may be transformative for DID as the ketamine state differs in the nature of the dissociation encountered
- Eating disorders and body dysmorphia—ketamine may be used to escape body awareness and distress
- Obsessive-compulsive disorder—potential for ritualistic ketamine use patterns



Signs of Ketamine Dependence

Ketamine dependence manifests through various psychological and behavioral signs that clinicians should be alert to, particularly in patients receiving therapeutic ketamine. This list is applicable for those moving towards ketamine dependence and for those involved with individuals with whom dependence is of concern.

Intrusive Thoughts and Aberrant Behavior

- Persistent thoughts about obtaining and using ketamine
- Difficulty focusing on other topics or activities
- Intrusive imagery related to ketamine experiences
- Grandiosity and Messianism
- Narcissistic self-involvement and loss of interest in the impact on others or usual life patterns
- Elaborate preparation rituals

Loss of Control

- Using more frequently or at higher doses than intended
- Failed attempts to limit or control use
- Continued use despite negative consequences
- Refusal to accept interventions and feedback
- Persistent belief in the value of ketamine use—all manifestations to the contrary notwithstanding
- Tolerance development requiring higher doses for desired effects
- Withdrawal symptoms when not using (dysphoria, cravings, anxiety)

Physical Signs and Symptoms

While ketamine dependence is primarily psychological, chronic use can lead to significant physical consequences. These may serve as warning signs or be disregarded despite their impairments.

Ketamine-Induced Ulcerative Cystitis

- Lower urinary tract symptoms (frequency, urgency, dysuria)
- Suprapubic pain and hematuria
- Reduced bladder capacity
- In severe cases, irreversible damage that may require surgical intervention, or be untreatable.

Risk Factors for Urological Damage

- Duration of ketamine use (typically months to years)
- Frequency and large quantity of use
- Route of administration (higher risk with oral consumption)
- Individual susceptibility factors

Cognitive Impairment

- Deficits in short term, working memory and episodic memory
- Impaired verbal fluency and diminished capacity for reasoning
- Attention and concentration difficulties
- Slowed processing speed

- Loss of self-awareness
- Executive function deficits affecting decision-making

Motor Effects

- Coordination problems
- Ataxia
- Fine motor skill impairment
- In severe cases, cerebellar damage

Neuroimaging Findings

- White matter abnormalities
- Cortical atrophy in chronic, heavy users
- Altered functional connectivity
- Changes in brain metabolites

Gastrointestinal Issues

- Abdominal pain ("K cramps")
- Nausea and vomiting
- Reduced gastrointestinal motility
- Liver enzyme abnormalities

Cardiovascular Effects

- Tachycardia and hypertension during acute intoxication
- Potential cardiac rhythm disturbances with heavy use
- Cardiovascular strain from repeated sympathetic activation

Respiratory Concerns

- Aspiration risk during profound dissociation
- Potential for respiratory infections with chronic use
- Risk of respiratory depression in combination with other substances



A Potential Approach to a DSM-V Classification for Ketamine Dependence

Ketamine dependence is not specifically listed as a distinct disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

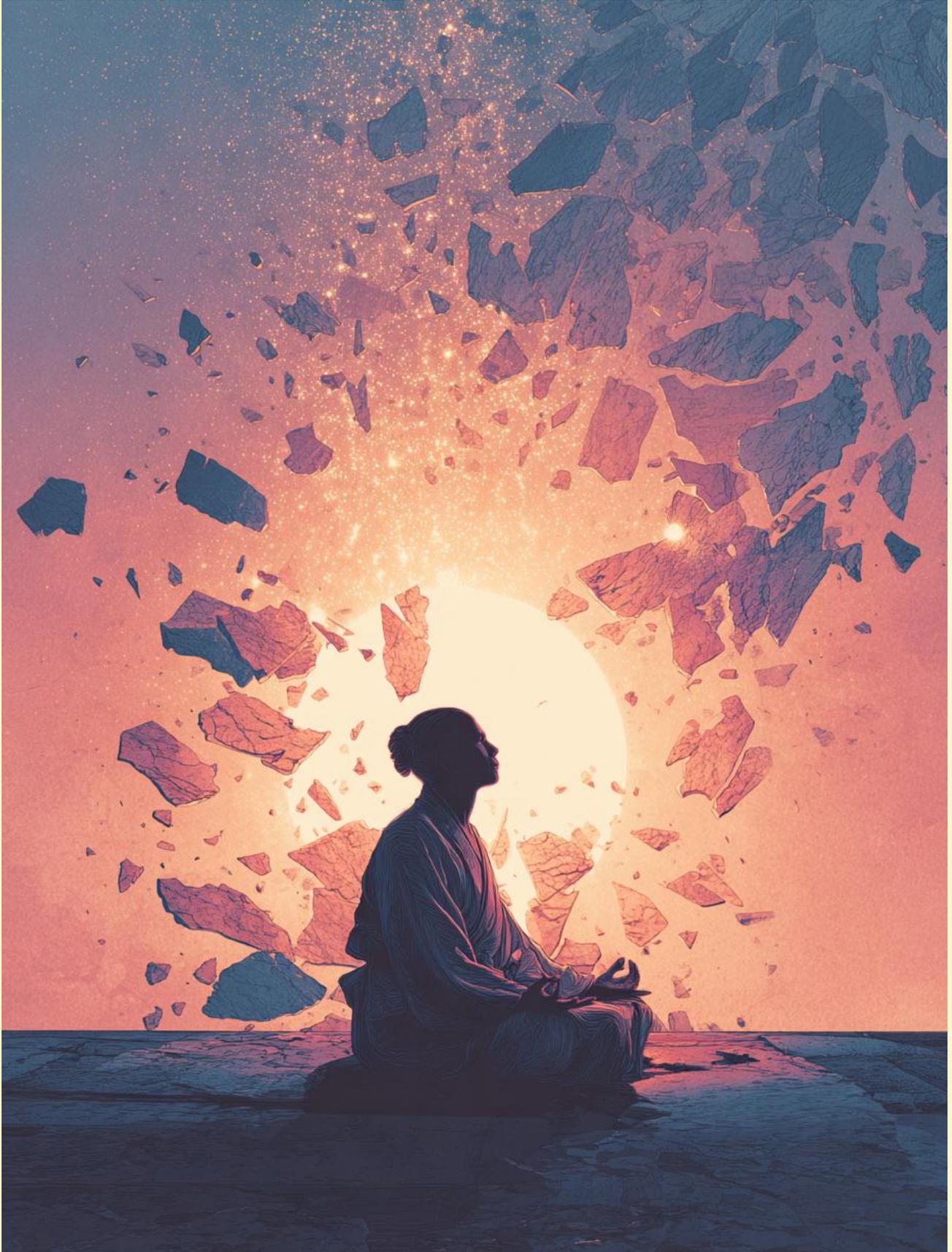
A Potential Framework for Applying DSM-5 Criteria to Ketamine

Overall: A problematic pattern of ketamine use leading to clinically significant impairment or distress, as manifested by at least three of the following within a 3-month period:

1. Ketamine is often taken in larger amounts or over a longer period than was initially intended
2. There is a persistent desire or unsuccessful efforts to reduce or control ketamine use
3. A great deal of time is spent in activities necessary to obtain ketamine, use ketamine, or recover from its effects
4. Craving or a strong desire or urge to use ketamine
5. Recurrent ketamine use resulting in a failure to fulfill major role obligations at work, school, or home
6. Continued ketamine use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of ketamine
7. Important social, occupational, or recreational activities are given up or reduced because of ketamine use
8. Recurrent ketamine use in situations in which it is physically hazardous
9. Ketamine use is continued despite awareness of having a persistent or recurrent physical or psychological problem likely to have been caused or exacerbated by ketamine
10. Tolerance, as defined by either:
 - A need for markedly increased amounts of ketamine to achieve intoxication or desired effect
 - A markedly diminished effect with continued use of the same amount of ketamine
11. Withdrawal, as manifested by either:
 - The characteristic withdrawal syndrome for ketamine (primarily psychological symptoms including dysphoria, anxiety, cravings, and anhedonia)
 - Ketamine (or other substances) is taken to relieve or avoid withdrawal symptoms.

Severity Specifiers:

- Mild: 2-3 symptoms
- Moderate: 4-5 symptoms
- Severe: 6 or more symptoms



Ketamine Withdrawal Syndrome

Symptom Profile and Timeline

Anhedonia & Mood Disturbances

- Anhedonia-loss of interests and pleasure
- Depressive symptoms
- Anxiety and irritability
- Dysphoria and emotional lability
- Hypomania

Cognitive Effects

- Confusion and Brain Fog
- Delusional thinking
- Derealization and depersonalization
- Memory difficulties and concentration problems

Physical Symptoms

- Sleep disturbances
- Energy fluctuations and disturbances
- Somatic complaints and general malaise
- Gastrointestinal upset
- Fatigue and weakness

Timeline

The timeline of ketamine withdrawal varies considerably based on factors including:

Duration and intensity of ketamine use, individual neurobiological factors, presence of comorbid conditions, environmental stressors and supports.

A typical timeline might include:

Acute Phase (Days 1-7):

Intense cravings, anxiety and irritability, sleep disturbances, mood fluctuations

Subacute Phase (Weeks 1-4):

Persistent anhedonia, cognitive difficulties, gradual improvement in sleep, fluctuating energy levels

Protracted Phase (Months 1-6+):

Gradual resolution of anhedonia, episodic cravings, often triggered by cues, normalization of cognitive function, improvement in mood stability



Approaches to The Treatment and Management of Ketamine Dependency

Clinical understanding of ketamine dependency and its treatment is still in the early stages. With the growth in numbers of ketamine dependent persons, it is urgent that we attend to prevention as our primary task as clinicians and concerned humans. It is an imperative that we preserve the benefits of ketamine as a remarkable therapy. At the same time, we need to elaborate effective treatment approaches for acute care of the dependent person and therapeutic and social strategies that foster abstinence and quality of life after habitual ketamine misuse.

Withdrawal Management and Stabilization.

Managing ketamine withdrawal requires a comprehensive approach addressing the neurobiological, psychological and environmental aspects of the syndrome.

The management of ketamine withdrawal needs to be tailored to the individual's specific symptom profile, use history, and personal circumstances. A flexible approach that adjusts interventions based on response is essential for optimal outcomes.

Settings and Approaches

Level of Care Determination:

- Outpatient detoxification for stable patients with support
- Intensive outpatient programs for moderate severity of dependency
- Residential treatment for severe dependence or comorbidities
- Inpatient hospitalization for medical complications or suicidality

Treatment Environment:

- Structured, supportive setting
- Minimization of triggers and cues
- Access to medical and psychiatric care
- Opportunity for peer support

Managing Withdrawal Symptoms

Supportive Care:

- Hydration and nutrition support
- Sleep hygiene interventions
- Physical comfort measures
- Structured daily routine
- Collateral contact and support
- Abstinence and withdrawal treatment for concurrent substance use

Pharmacological Approaches:

Medications to Support Ketamine Withdrawal (Symptom Management Only)

While no medications are FDA-approved specifically for ketamine withdrawal, the following may help manage symptoms:

- **Symptom-targeted medications:** For issues resulting from chronic ketamine use
- **Anxiety management:** Short-term use of benzodiazepines (typically for a few days).
- **Mood stabilization:** Use of mood stabilizers as needed.
- **Antipsychotic medication:** When clinically indicated.
- **Sleep support:** May include benzodiazepines or other sedatives.
- **Consideration of naltrexone:** Though not validated specifically for ketamine cravings, naltrexone may be initiated in some cases.

Psychological Support

- Validation of withdrawal experience
- Psychoeducation about the withdrawal process
- Cognitive-behavioral interventions
- Coping skills for managing cravings
- Distress tolerance techniques
- Motivational enhancement
- Crisis intervention and family support
- Abstinence planning

Safety Considerations

Medical Monitoring:

- Regular vital sign checks
- Monitoring of hydration status
- Assessment of urological symptoms
- Evaluation of neurological function

Psychiatric Monitoring:

- Suicide risk assessment
- Monitoring for psychotic symptoms
- Assessment of mood stability
- Sleep pattern evaluation
- Assessment of self-harm risk

Crisis Management:

- Clear protocols for psychiatric emergencies
- Management of severe cravings
- Addressing acute medical complications
- Prevention of early discharge against medical advice
- Mobilization of family support, resources and long-term care planning
- Relapse Prevention Strategies

Group Support:

- Peer support groups
- Shared experience and validation
- Accountability and encouragement
- Models for successful recovery
- Ketamine-specific support groups when available
- **12 Step Groups** or alternative mutual aid programs

Family Involvement

- Education about withdrawal process
- Communication strategies
- Setting appropriate boundaries
- Supporting without enabling
- Family therapy when indicated





Potential Future Research

Biomarkers for Ketamine Sensitivity and Dependence Risk

Genetic Markers

- Polymorphisms in glutamate receptor genes
- Variations in dopamine system genes
- Pharmacogenomic factors affecting ketamine metabolism
- Epigenetic markers of vulnerability

Neuroimaging Predictors

- Functional connectivity patterns associated with higher risk
- Structural brain differences predicting vulnerability
- Neurochemical markers visible through spectroscopy
- Changes in default mode network activity

Psychological and Behavioral Indicators

- Validated assessment tools for ketamine-specific risk
- Early behavioral markers of problematic use
- Subjective response patterns predicting dependence
- Psychological profiles associated with vulnerability

Novel Treatment Approaches

Pharmacological Interventions

- Glutamate modulators and other strategies for craving reduction
- NMDA receptor partial agonists
- Novel approaches to urological protection
- Cognitive enhancers for addressing cognitive effects
- Potential Psychedelic-assisted therapies for treatment-resistant cases
- Ibogaine: Further research required

Psychotherapeutic Innovations

- Specialized protocols for ketamine dependence
- Virtual reality applications for coping skill development
- Mindfulness-based interventions tailored for dissociative experiences
- Group therapy models specific to ketamine users
- Trauma-informed approaches given high comorbidity with PTSD

Technological Approaches

- Digital monitoring tools for early detection
- Mobile applications supporting recovery
- Telehealth models for ongoing support
- Wearable devices for physiological monitoring
- AI-powered risk assessment tools

Organizational and Practice Guidelines Development

Professional Organization Involvement:

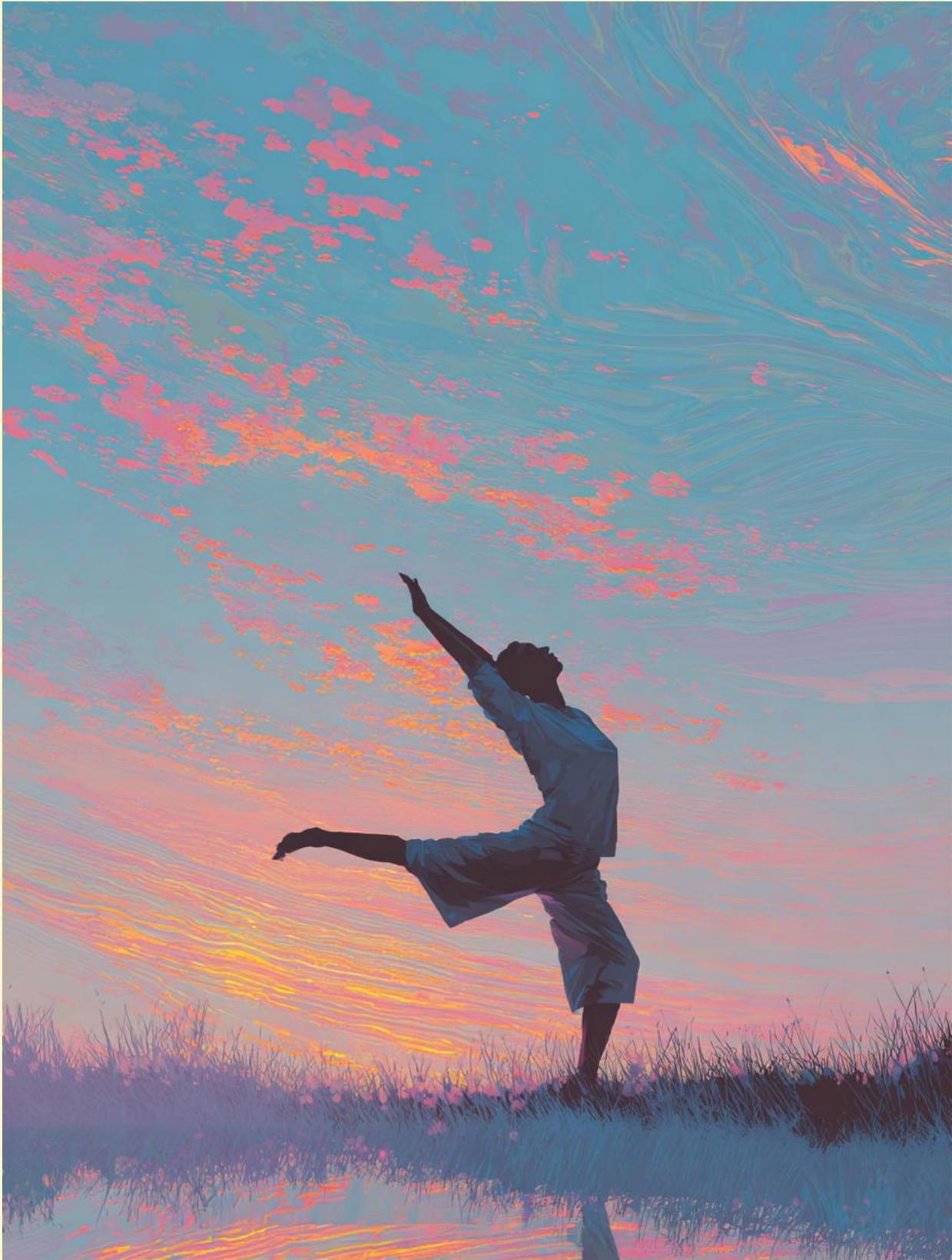
- American Psychiatric Association
- American Society of Addiction Medicine
- American Academy of Addiction Psychiatry
- The Ketamine Psychotherapy Associates membership organization and similar groups in collaboration
- Establishing an International Society for Ketamine and Non-Ordinary States Education, Collaboration and for Establishing Standards of Care

Specialized Guidelines:

- Population-specific recommendations
- Setting-specific protocols
- Indication-specific approaches
- Risk-stratified guidelines
- Age-specific considerations (adolescent vs. adult)

Provider & Patient Education:

- Specialized training programs
- Certification requirements
- Continuing education standards
- Supervision frameworks
- Standardized informed consent materials
- Educational resources for patients and families
- Public health messaging
- Harm reduction information
- Comprehensive public education effort on ketamine use, misuse, dependency and standards for quality clinical use of ketamine



Collaborating Together in the Ketamine Space

The Guidelines represent our effort to contribute to the imperative for an emerging standard of care, for public and practitioner education, and for safe and wise use of ketamine personally and therapeutically. We encourage all clinicians working with ketamine to:

Stay Informed:

- Follow emerging research on both therapeutic applications and dependence risk
- Participate in continuing education specific to ketamine
- Engage with professional communities addressing these issues

Implement Safeguards:

- Adopt structured protocols for screening, monitoring, and integration
- Document decision-making and risk-benefit analyses
- Establish clear policies for addressing concerning behaviors

Contribute to Knowledge:

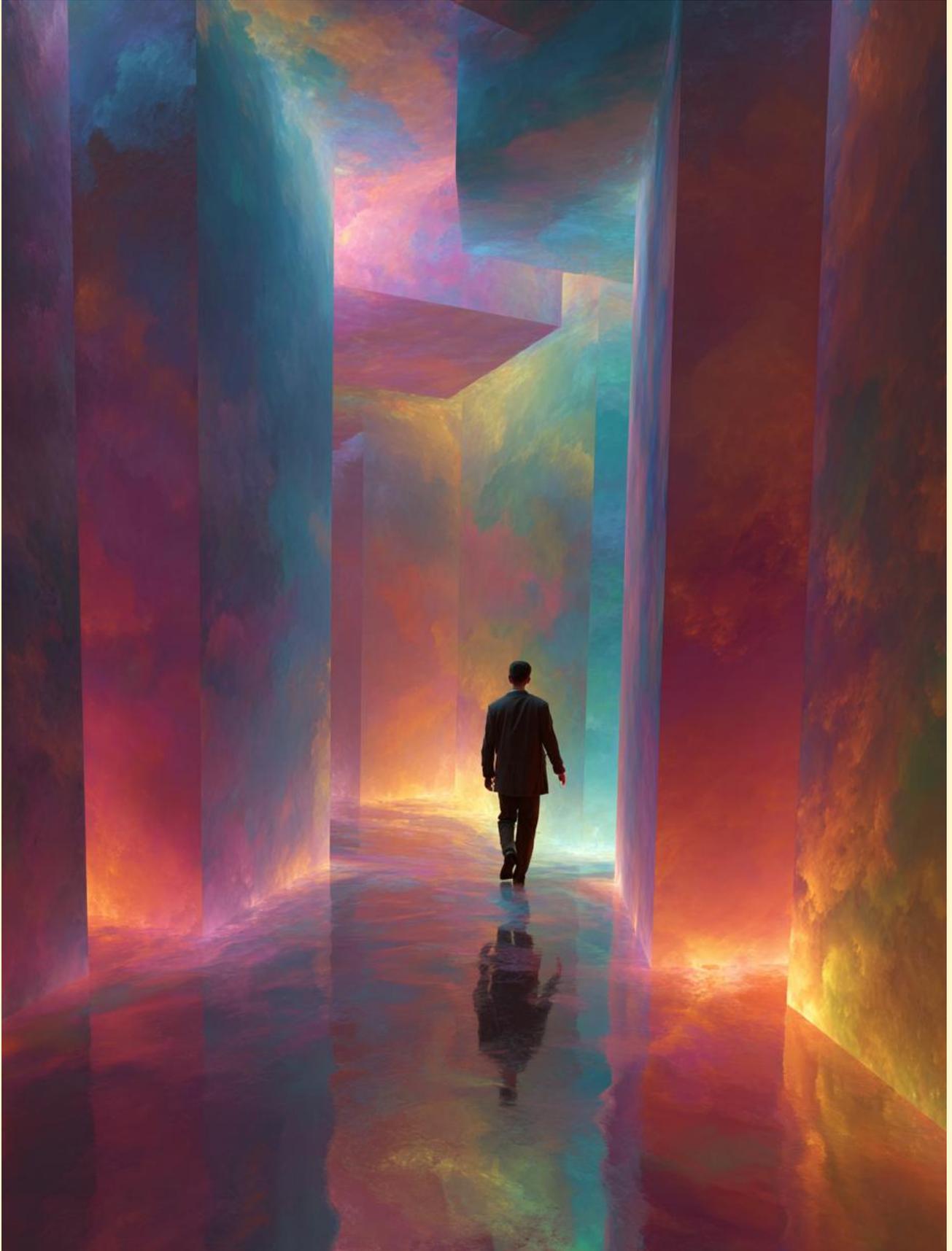
- Track outcomes in your clinical practice
- Share case experiences through appropriate channels
- Participate in research when possible
- Help identify best practices through clinical experience

Maintain Balance:

- Avoid both excessive enthusiasm and undue pessimism
- Recognize both the remarkable potential and real risks of ketamine
- Approach each patient as an individual with unique factors
- Prioritize patient welfare in all decisions

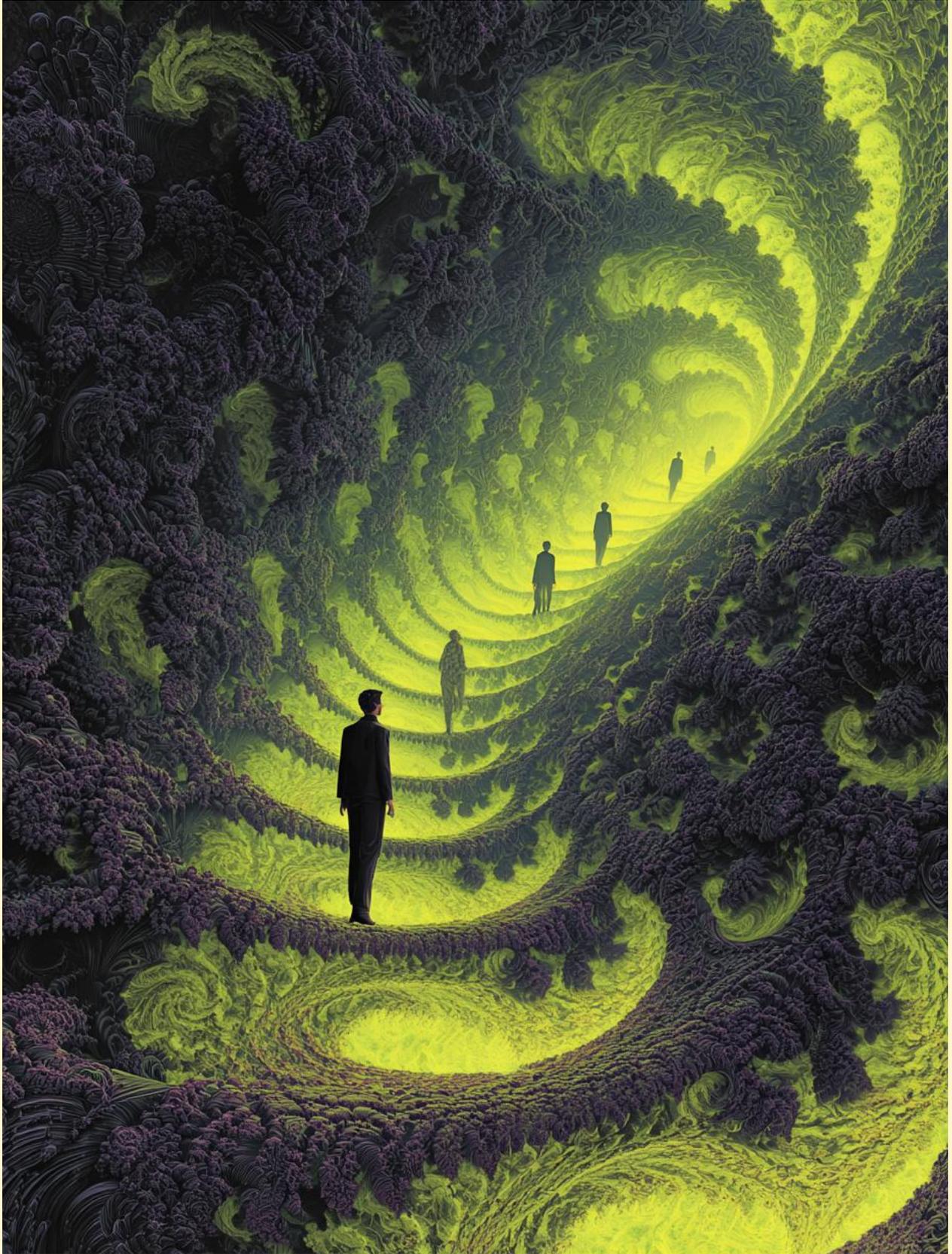
By working together as a clinical community committed to both innovation and safety, we can help ensure that ketamine's therapeutic potential is realized while minimizing the harms of dependence and misuse.

We welcome your input, critiques, participation and correspondence.



Resources

1. **Wolfson, P., & Braunstein, M. (2025). Guidelines for the Safe Personal Use and the Effective Clinical Use of Ketamine. Ketamine Research Foundation.** (Our guidelines were a primary source for the presentation content, including management approaches).
2. **Morgan, C. J., & Curran, H. V. (2012). Ketamine use: a review. *Addiction*, 107(1), 27-38.** (This review covers various aspects of ketamine use, including consequences and likely withdrawal patterns).
3. **Wolff, K., & Winstock, A. R. (2006). Ketamine: from medicine to misuse. *CNS Drugs*, 20(3), 199-218.** (Another comprehensive review discussing withdrawal and management).
4. **Chen, W. Y., Huang, M. C., & Lin, S. K. (2014). Gender differences in subjective discontinuation symptoms associated with ketamine use. *Substance Abuse Treatment, Prevention, and Policy*, 9(1), 39.** (This study focuses specifically on discontinuation symptoms, which informs the withdrawal profile).
5. **Strous, J. F. M., Weeland, C. J., van der Draai, F. A., Daams, J. G., Denys, D., Lok, A., Schoevers, R. A., & Figee, M. (2022). Brain Changes Associated with Long-Term Ketamine Abuse: A Systematic Review. *Frontiers in Psychiatry***



PART II -- THE K-12 PATH FOR PREVENTION AND RECOVERY

The K-12 is an original therapeutic approach to assist you in breaking free from the unhealthy use of ketamine and other substances. It is a guide for your awareness, realization, and recovery to health and well-being. The K-12 Path is constructed to be useful to you in its totality from the start of your acquaintance with this method. It will serve as a resource for your realization and the repair of your mind, heart and body. Embrace it as a totality from the start and use it as a measure of your mastery as you do the work. We encourage you to engage with it fully, to struggle with its tenets, find your resistance to letting go of your ketamine use and the creation of a life that is new and joyful.

The K-12 Path is meant as a here and now tool, one that you engage with regularly as a song that you express to yourself. Or out loud listening to your interplay with its verses - what you accept, what you deny, what you ponder, what lingers, what reaches, what is rationalized as "not me" - and what you adopt. It can be done in parts or as a whole. We urge you to review the entire K-12 as you first read it, as a familiarization and a beginning.

K-12 is a different take on how to deal with getting, or almost getting, lost in a compulsion that seems desirable. A ketamine dependency is not healthy as it takes you out and away from yourself. K-12 is not a program of weekly steps, though it can be enacted in that way if desired. Rather, it is a complete immersion from start to finish, with focus on steps that hold your attention as you work your process. It has a rhythm to it and there is a motion from first to last steps.

KRF embraces a "harm reduction" approach that relies on your judgement and your desire for wellbeing. K-12 provides a compassionate engagement with who you are and your use of ketamine. It is our evidence-based view that abstinence from ketamine is a necessity because of its allure and the cravings that lead to relapse of compulsive use. We also recognize, however, that you have a life ahead and will need to work out your relationship with other psychedelic substances that you may engage with. Ketamine has its own particular problematic appeal for some people.

We recognize the need for support, encouragement, reality checking, the sharing of experiences and struggles. KRF encourages the creation of peer support groups for which K-12 is a reference tool. Our approach to this is described in the K-12 program as follows.

The K-12

Step 1 – Awareness

I am aware that I am dependent on using ketamine and am unable to stop on my own, without assistance. I understand that the excitement, numbing of my pain, or my desire to escape into other feelings, my sense of powerfulness and specialness provided by ketamine has come to dominate my life. It has impacted the lives of my close relationships and made meaningful connection and functioning difficult and even unmanageable. It is very difficult for me to admit this and to acknowledge that I am torn between knowing I need to stop ketamine and not wanting to do so.

I am opening to knowing that I need to stop using and become fully aware of the harm I am doing to myself, my life and my beloveds.



Step 2 – Fear of Losing My Sense of Specialness

I am attempting to become aware that I need assistance and that my judgement is impaired. I have a great desire for ketamine and cravings to continue my ketamine use even though I have some awareness of the damage I am doing to myself and my life. I am dependent on the high, the intensity and the feelings of being singular and special. I am fearful of coming down and becoming depressed and ordinary. I am hooked on being above it all, but I am beginning to be aware of how I have separated myself from my own essence and from others.

I explore with compassion the parts of me that fear losing the benefits I get from substance use — whether that's relief from pain, enhanced creativity, social connection, or feelings of confidence. I work to understand these needs and am committed to exploring alternative ways to meet them that don't compromise my health or safety.

I am committed to creating respect for myself, processing the pain I carry, and letting go of the entertainment and false self-importance I get with ketamine use. I will seek the high of living authentically and with integrity.

Step 3 – Surrender

Contemplating living my life without ketamine is extremely painful and difficult. I feel as though I am giving up the best part of myself. I would have to give up the high, my friends who use ketamine with me, my stash, my dealers, my ketamine lifestyle. I could kid myself and think that if I stopped and got control, I could manage using ketamine again. On a deeper level, I know that once I begin using ketamine again, I will want to be in its embrace.

I am struggling to make a decision to turn my life over to a greater source of wisdom that lies buried within me. I need to find this and become one with it. I will have to come back to this groundedness that I need to explore to survive—spiritually, communally, and internally—as I come to understand this state of mind and completely let go of the illusion of control that ketamine gives me. I will have to rely on others for support, honesty and loving kindness. I need to rebuild trust in myself and others, making sure to choose those who are truly trustworthy and have my back. I have to stop, or I am lost, sick, and out of control.

I am out of control and can see how it is ruining me, though I crave the high and my sense of being great. I am becoming aware of my ego inflation under the influence of ketamine and how that is a distortion, however pleasant it is. I am committing to the surrender of my conviction that I know what is best for me.

Step 4 – Self-Inquiry

I need to make a searching and fearless inventory of the emotional wounds, fears, traumas, and patterns that ketamine helps me avoid or anesthetize. I will practice self-compassion as I uncover difficult truths about my past or present circumstances. I will make a commitment to do the work to heal myself however long and difficult that might be. I know I need the help and input of others to become clear as I am not now thinking clearly. I know I need to embrace life with all its wonders and all its difficulties. What I felt to be a grand entertainment with ketamine removed me from truly living my life. That has not always been easy and will not be just a fun experience.

I am committing to Beginners Mind, to know "not knowing" and to approach with kindness and determination into the depth of my being, my suffering and my desires.



Step 5 –Accountability & Listening

I need to reveal myself and my experience, be entirely truthful about my use and become fully honest, perhaps for the first time in my life. I am committed to admit to myself, and to trusted others, the truth about my ketamine use - its roots, its costs, and the ways I abandoned myself and others while I was using it.

I need to listen without resistance to those who have lived with me through my ketamine dependence and have much clearer views of my behavior, its effects on them and their behavior that impacts me. I need to feel their hurt and let their pain reach me. I need to listen to how they warned me of my emerging dependence and of the toll it took on them. However painful to hear, I need to listen to the ruptures of trust and the breakages of my word that occurred. I will practice receiving difficult information without becoming defensive, while maintaining my right to boundaries. I need to develop as full a picture as possible of what occurred and its costs to me and to them. I need to construct a clear view of the damage so that I know what will happen if I don't stop or stop and resume. I need to understand the depth of tolerance that others have and the possibility of being abandoned by those who have loved me.

I devote myself to listening and asking for feedback and others' views of me, practicing non-defensive receptivity as best as I am able. I am committed to being fully honest with myself and others and to wear a powerful bullshit detector, acknowledging when it goes off.

Step 6 – Readiness for Change

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I am in a struggle to let go of what for a long time felt so good and still at times continues to do so, though I am aware of increasingly negative effects on my body and intelligence. I am afraid of the challenges ahead to resume life without ketamine and my old fears of incompetence and self-consciousness may well come back and cause me difficulties. The ketamine high is such a transcendence of all of those concerns and I don't relish their return.

I have avoided most of my ordinary life's struggles and emotional reactivity with ketamine. I have avoided feelings of having been damaged and traumatized in my past. I have felt so alive and powerful, so gifted, and connected to the universe, so full of my capabilities and my mission knowing and communicating the universal truths.

I need all the support I can get to accept reality as a place I can live in and grow and I know I have burnt a lot of bridges. I have to overcome my fears that will only drive me back to ketamine - and ultimately my doom. I don't want to end up homeless. I need to develop a deep emotional/spiritual practice that will provide a path and a refuge. I will have to put all my emotional energy into being and living in balance and in the present.

I regularly assess my motivation, confidence, and readiness for different types of changes. I will identify specific barriers to change and develop concrete strategies to address them. I will set realistic goals that match my current capacity while stretching me toward growth.

I am aware I cannot do this by myself and need others to support my abstinence and help me build a life of which I will be proud. I understand that there will be conflicts, and I will become hurt and angry, and I am fully committed to working this out with those who are seeking my benefit – as I shall seek theirs. I need to feel humble, responsible and excited to grow and develop.

Step 7 – Transformation–Stepping onto a Path

Letting go of ketamine, I am disoriented and confused. My emotional life feels flat. I am confronted with boredom. I miss the ketamine feeling, the sense of knowing, the power of certainty and my importance. Back to where I began with ketamine, I am confronted by the same difficulties, conflicts, uncertainties and self-consciousness. On top of it I feel so little pleasure in anything. I am told by those who have passed through this phase that indeed it is tough, that it pushes cravings and relapses, but that it eventually ends. Clearly, I need to find a different source for inspiration, passion, connection and feeling good about myself. That means finding meaningful guidance in how to manage my insides and my outsides.

I will prioritize my safety and wellbeing. I am learning and implementing risk reduction strategies appropriate to my situation. I will develop a safety plan for high-risk situations and ensure I have access to emergency resources if needed.

There are many guides and programs for recovery – an array for you to explore that can lead or mislead. Some will work for me, some won't fit.

There is a Bottom Line:

Embrace Life

Diminish and Stop Reactivity

Seek balance and equanimity.

Treasure the Body, the Mind, and the Heart

Practice Respect for Yourself and Others

Choose Love, Kindness and Friendship.

Practice Being Present and Cultivate Awakened Awareness

When I am Temporarily Free of Reactivity I Will Experience the Expansiveness and Peace It Brings

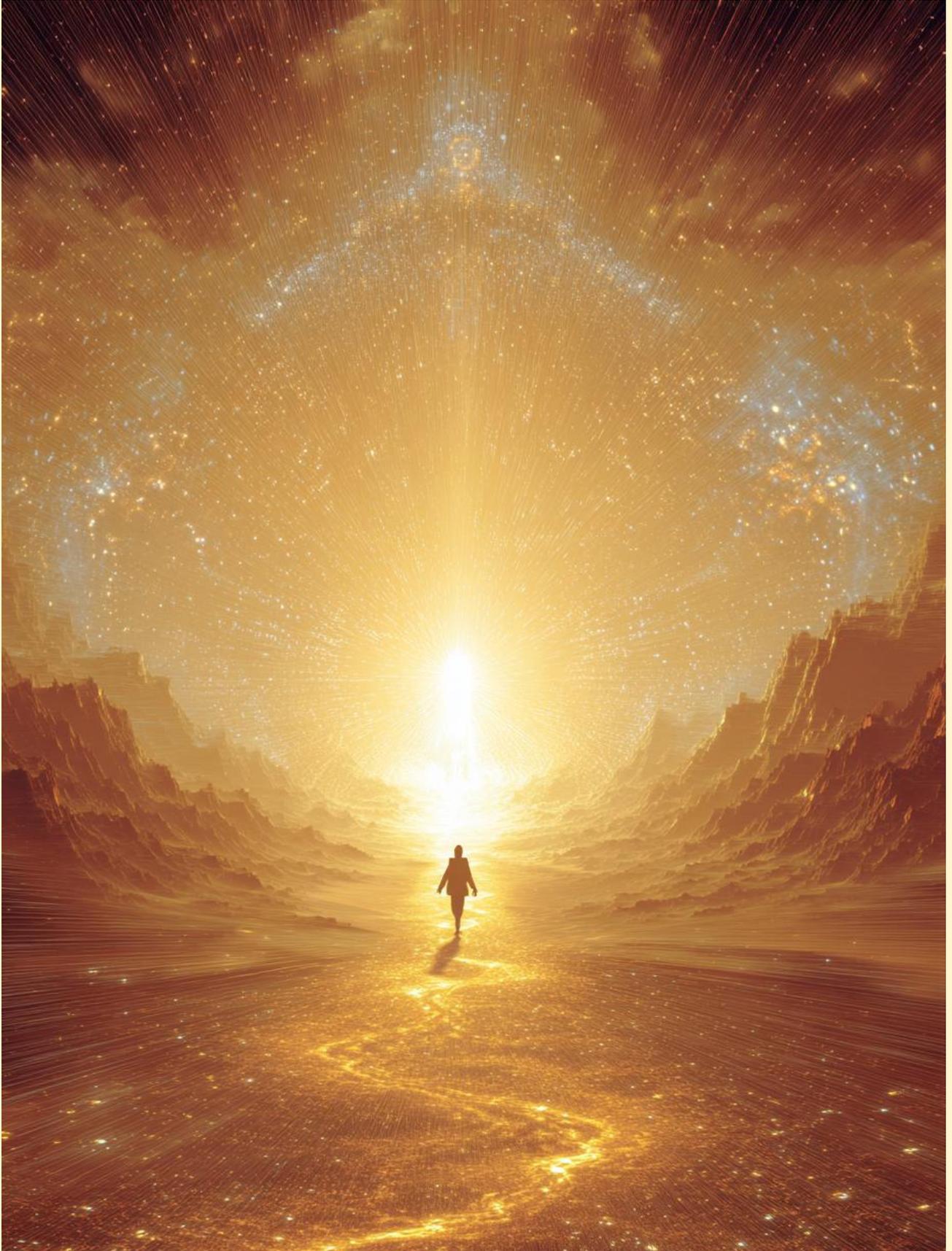
The more this takes root in any of us, the more we sing and dance in our deepest spirit.

Feel your connection to your sense of balance. When you feel your imbalance, examine it and step back onto the path. The path is joy, acceptance, and clarity – all great feelings to cultivate and have pride in your existence.

Step 8 – In this Spirit, I Will Conduct a Daily Inventory

I am committed to the spiritual path of my awakening. Moment by moment, in self-inquiry, I will continue to examine my motives, emotional state, relationships, and behavior. I will recognize when the urge to escape or use arises and grips me. I will seek support, inquire into the pain and the needs that are the source of my cravings and conduct myself with honesty and self-compassion. I will keep a journal in order to know myself

I am committed to knowing myself, however painful that may be, for from that depth I can and will make a recovery. I will keep a journal and record my process.



Step 9 – What I learned from ketamine – in the beginning.

I have had an experience that turned from a remarkable teacher - something that was positive and insightful for me - to a damaging force in my life. It is important for me to recognize and value what those early experiences taught me. I need to learn to honor my realizations, validate them and stick with them. Most folks who experience ketamine under good circumstances have significant and potentially life changing experiences of self and their relationship to existence. If you recall:

You may have learned to let go of your obsessions and obsessional mind. You may have learned that you are a part of the universe—a sense of humility. You may have learned that you are a loving person and can have a profound sense of acceptance and end the struggle to prove yourself. You may have learned that you value your life and have a lot more independence to be creative with it.

You may have learned that you value others in your life and wish to build deep relationships that are life supporting. You may have learned that you have a remarkable imagination and can liberate yourself from verdicts and limitations you hold or have been taught about yourself – that you hold a sense of freedom to be as your essence. You may have learned that ketamine unlocks but it is you that is unlocked. You are not the medicine – you are the being.

I acknowledge and honor the positive aspects of my substance use experiences — insights gained, creativity unlocked, social connections made, or relief from suffering. I will work to integrate these positive elements into my life through safer means, understanding that the wisdom was always within me, not dependent on the substance.

Create an Inventory in writing of what has arisen in you and been awakened by your experience with ketamine.

Step 10 – Amends

My compulsive use of ketamine and any other substance has caused disruption and harm to others and my relationships with them. I have broken their trust in me, as I broke my trust in myself. I am committed to taking stock in what harms I have caused. I will be responsible for making amends and taking responsibility for my actions, whatever the responses of others. I understand that forgiveness is a process and cannot be demanded.

I need to evaluate my work and career options and how they have been affected. If amends in those situations will help me restore my credibility. I will maintain an attitude of humility with recognition that I have been the problem and others' responses to me have been based on their particularities. I will make direct amends wherever possible, with integrity and presence, except when doing so would cause further harm and dissonance.

I am committed to understanding the effects of my compulsive use of ketamine on my life and on others and making amends whenever and with whomever that is possible

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Step 11 – Moving Forward

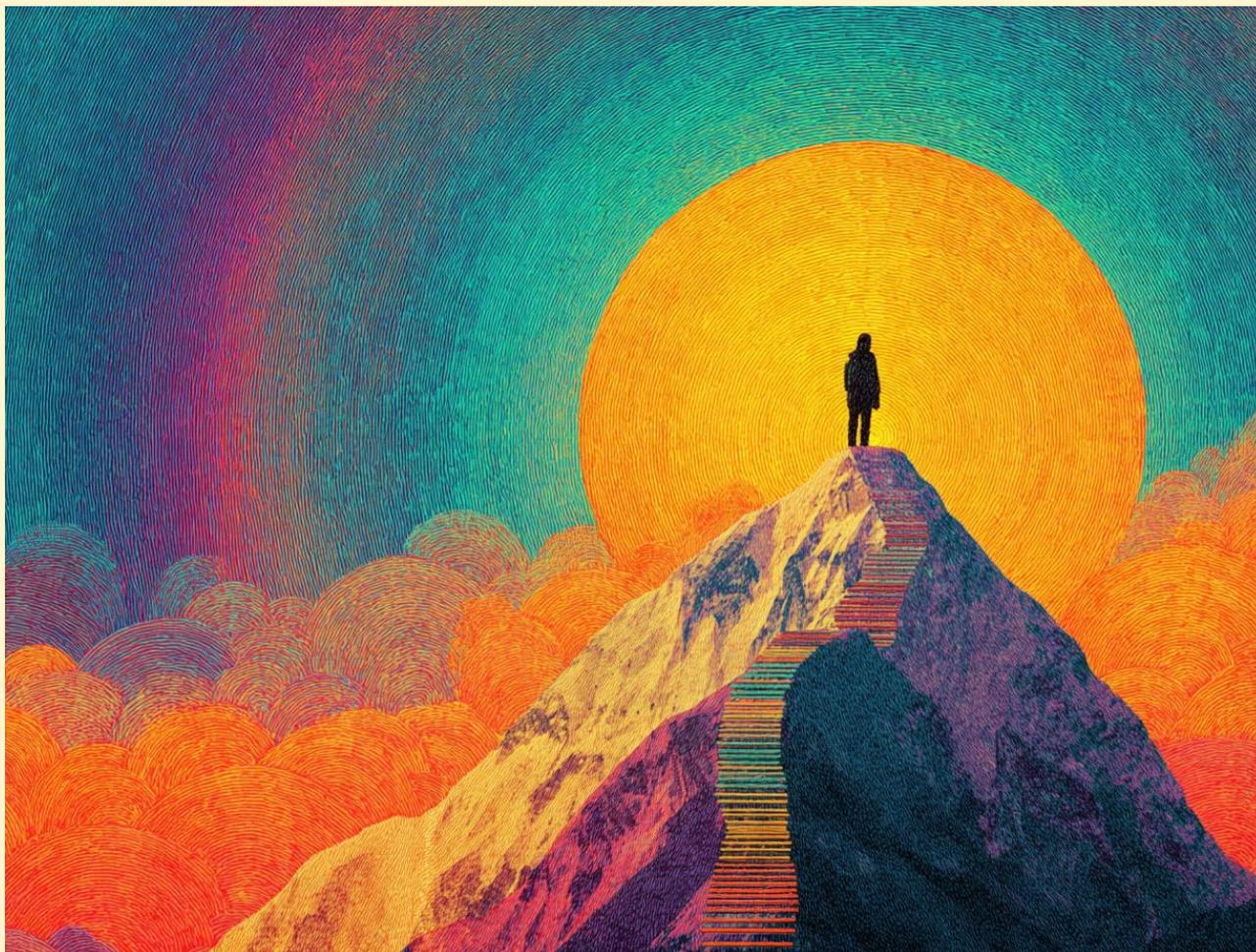
For me to thrive - to flourish in this precious life I lead - I will seek to deepen my presence - with nature, with friends, with learning, with spirit, with a feeling of being awake and attentive. I will seek inner truth, work with my pain and trauma and conduct myself with ethical consciousness. I will seek guidance - through meditation, prayer, reflection, therapy study, friendship, love - asking for the strength to live fully and responsibly.

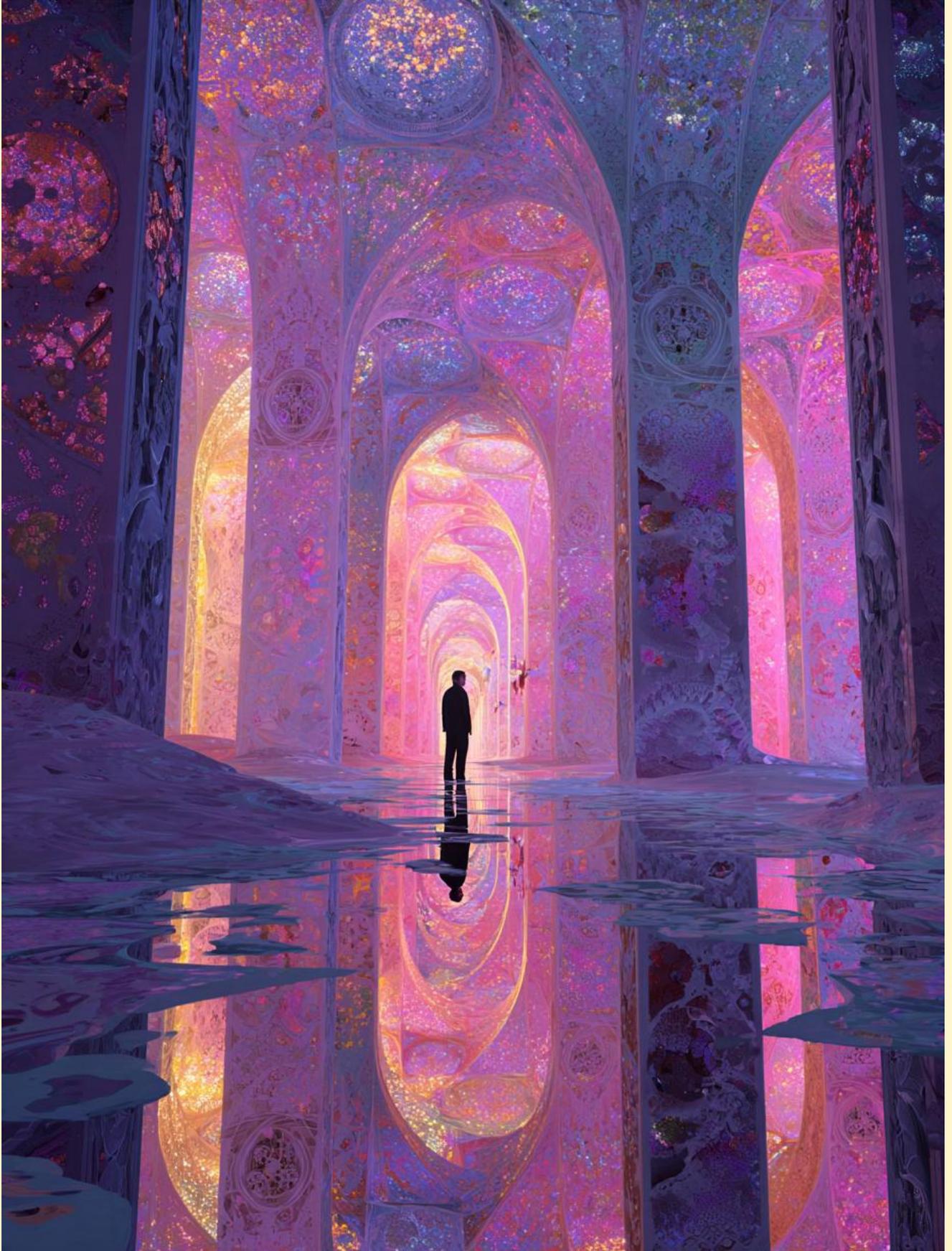
I will strive to fully embrace this life.

Step 12 – Abstinence

I am committed to the path of abstinence and the cultivation of clarity, health, mindfulness, and the embrace of this, my precious life. I am aware that the continuation of my compulsive use of ketamine and other substances will continue to wreck my body, mind, soul and existence. I want to and will stop using ketamine and do everything possible to stay clean and sober. I wish to live a life of which I am proud and engaged.

I will practice abstinence from ketamine and examine my relationship to my use of other substances.





PART III -- AWAKENING AND EMPOWERING YOUR AGENCY

Slips and relapses happen all too frequently when things get out of control and we slip down a rabbit hole. A Slip is a temporary return to using ketamine. A Relapse is a more prolonged and deeper resumption of use - a return to the habitual. They happen in all manner of things with which we develop unhealthy relationships - from food, to nicotine, to sex, to porn, to self-harm, to drugs. It is an inevitable part of living that we will encounter some form of dependency and relate to it in too large a way, for a time and even longer. This state of mind can take over our being and part or most of our wellbeing.

Dependency, compulsions and dominating obsessions are a vital part of the confrontations all of us have with grief, self-worth, trauma, escape, hiding, disappearing, and becoming too big. We may lose our focus and way resulting in us feeling hurt, comparing ourselves, feeling less than, hopeless, what's the use, lonely, frustrated, angry, shameful, dominating others, defiant, and rebellious. Indeed, in the all so many ways we encounter ourselves, our culture, and our possibilities during the course of our lives. These mindsets are formats for suffering, limitation, unhappiness, the inevitable coming to ground. In mental states when it all seems lost, and there is a full giving in, that may lead to carelessness and suicidality.

It is a great personal disappointment to us - and to our others - when we fall, and fall again. It diminishes our self-esteem and breaks our confidence in our ability to recover and put aside that which we crave, even as we know the destructive power of our passions. And each slip seems more damning than the preceding one leading too often to accepting the dependence and the hopelessness. You may feel that the staggering climb to freedom is too steep a slope.

Triggers

There are the triggers to the slip, to resuming a dependency to a substance such as ketamine. They can seem in retrospect trivial such as boredom, or a change in the weather. It is difficult to envision how this could be strong enough to go back on the launching pad. Or they can feel profound and overwhelming such as, "I can't take this anymore," or "that really hurt, no one loves me, no one respects me, I am so depressed, I feel so stressed and anxious, I hate myself, the pain is unbearable, this is too hard, I have no place to turn, it will never be any different, fuck this shit, I just want to get high and get outta here," etc.

Certainly, life is stressful and uncertain and there are dangers and injustices. Inevitably, we are reactive - all of us. There are always circumstances that throw us off our centers. Too much of what we encounter in life is truly difficult. And the "too much" is different for each of us. Our struggle is the ability to embrace the suffering that is inevitably part of life - and not make it worse by adding our own twists to it.

Which brings us back to "slips" and what we can do to not fall back into old patterns. How we can interrupt that false sense of a sudden compulsion that requires action. Awareness of the process that escalates into a slip is key. Some people bypass awareness and believe that a slip just happens automatically. Some will not wish to watch their process and will stay fully in the realm of the persistence of craving - it feels as if the particular object of desire is controlling the party in the mind.

Indeed, some substances or compulsions have that tendency more than others. In truth though for every person dependent on a substance there are many more casual users in relationship to the same substance. The complexity of the relationship, sensitivity, predilection, and access to that substance plays their roles.

Embeddedness in repetition as that grows in frequency clearly moves to cement repetition. The slang of 'habit' applies to all dependencies like a path that becomes more deeply furrowed with use.

In truth, there is still no one way stamped ticket to addressing a dependency. "Treatment" of substance abuse is a gigantic industry because we don't have a clear view of the nature of dependency. There are some approaches that work better than others. No one approach is successful for everyone. This is for innumerable reasons as lives and circumstances are so different. We are struggling badly to build a civilization that cultivates universal wellbeing, caring, and sharing. We as humans know a lot about what causes unnecessary suffering, but we are doing much too little to alleviate that. This means that substance dependencies will perhaps be treated, but not prevented.

Those of us who are therapists and work in the various dependency programs that abound are all too familiar with the disappointment that comes when after arduous work and seeming comprehension, the fall occurs. All of what seems to have been gained in self-awareness and restraint appears to have failed to be absorbed and made into an operational internal preventive process. Our person who has been seeking to break away from dependence is back at it - and may be lost for an unknown time to our great regret.

How can that person proceed and start again? Where would they begin to examine and remedy the flaw in the program? How can they develop health, heart, self-acceptance, and a life that is felt to be flourishing? How do we begin again making an offering of healing and stifling negative judgements and discouragement? Clearly, clinicians need to go deeper in our ability to understand the flow of rising compulsion and to develop strategies that enable a relaxation of this. Our task is to engender the internal paths of self-awareness and action that stops the rising reactivity that leads to the slip and fall.

Our K-12 and our Daily Practices program offer a method for living life consciously and with self-acceptance. This system relies on the cultivation of awareness, practicing self-knowledge, deepening our ability to know our compulsions, our various selves, our pain, sensitivities, desires, susceptibilities, and our motivation to distance ourselves from these. Feeling our reactivity viscerally is a path to preventing the slip—as an awakened choice to not get lost again.

There is no substitute for practicing awareness - and a practice it has to be. We slip in and out of it, periods of awakening, and periods of dream-like forgetting. The trick is to remember to return to this consciousness. The trick is breaking the spell of our dependency. The essence of this motivation is remembering to value our precious lives.

The offering of this empowerment, to become an ever more conscious and sensitive being, is a format for observing the course of a rising desire to use again. The origins of these steps are in the remarkable work of Buddhadasa - a Thai forest teacher who departed this world in 1993. He provided an anatomization of the process that generates an attachment to a desire, what he called a birthing. He outlined the assembly of this approach and thereby the ability to "quench" that arising desire at several points. While this strategy applies to any formation of attachment, we are offering it here in relation to habits. These steps focus on ketamine in the formation of dependency and in full dependency.



First some preliminaries.

- Awareness is not the only path to prevention of dependence.
- Humans are capable beings and often come to a critical juncture that leads to making a decision not to use. They take a vow. Or they just stop. The preliminary condition is awareness of damaging self and others. That can be enough. Self-interest, compassion, and acknowledgement of the consequences serve us.
- For some people, after a time, following the cessation of cravings, there is no further interest in the substance. That desire has been put aside for good.
- For many others, the relationship to the object(s) of desire persists as a rumble in the depths that can resurface as a slip. That may occur, even remotely, after long periods of non-involvement. When this occurs it seems like an eruption.
- The illusion is that there is no process to a slip and that it just happens.
- What awareness and the empowerment of agency provide are an awakening to the steps that lead up to the slip and hence the possibility for its interruption - or its quick conclusion.
- When we examine these circumstances, it becomes clear that a slip requires some degree of planning. There is a process to enable the act of using itself. You need to get the substance, you need to plan your environment, you need to let go of your contacts so they don't discover this activity. You also need to start lying to protect your game from interference. In other words, unless you have hidden a stash of your preferred substance, there are steps that can be interrupted at any point.
- So, why when you crave the so-called relief - and the actual relief - from the stress that is motivating you to slip, why would you stop yourself from going down that path?
- Here are some of the reasons we don't slip and which are essential to awakening to the damage that will come and the opportunities lost. Here are some of what motivates:
 - I do truly know how I will hurt my health, my relationships, and my being in the world.
 - I do not like how I will feel as the effects wear off or how I suffer while I am using.
 - I don't like betraying myself to myself. I do not like who I become. I do not like losing my integrity.
 - I do not like lying to myself and to those I care about.
 - I do not like the stigma of being called an addict and a junkie.
 - I do not like the process of recovery and exposure.
 - I do not want to be in another program.
 - I do not like feeling I am a failure.
 - I do want to respect myself.
 - I do want others to respect me.
 - I do want to be alive and feel vital.
 - I do want to explore my opportunities and my capacities.
 - I want to feel creative.
 - I want to enjoy being alive.
 - I want to accept who I truly am while being committed to growing myself.

- I do want to love and be loved.
- I like feeling respected.
- I realize that conducting my life is not easy and I will be reactive. I am committed to embracing my life fully and with compassion for my struggles. I will seek my spirit and repeatedly find my balance.
- I fully realize I live in connection with all things. I will practice doing my best to honor and be involved, choosing friends, teachers, and culture wisely.
- I want to make the best out of my limited time on earth.

The Stages

These are the stages of self-observation as they arise. Acknowledging them presents the possibility of ‘quenching’ the birthing of a slip.

1. First Sensation: I become aware of my relationship to the object of my desire. I feel its presence and its allure.

The Quench: I note its presence and let it sit with no response coming from me. I turn my attention to what is important to me in my life.

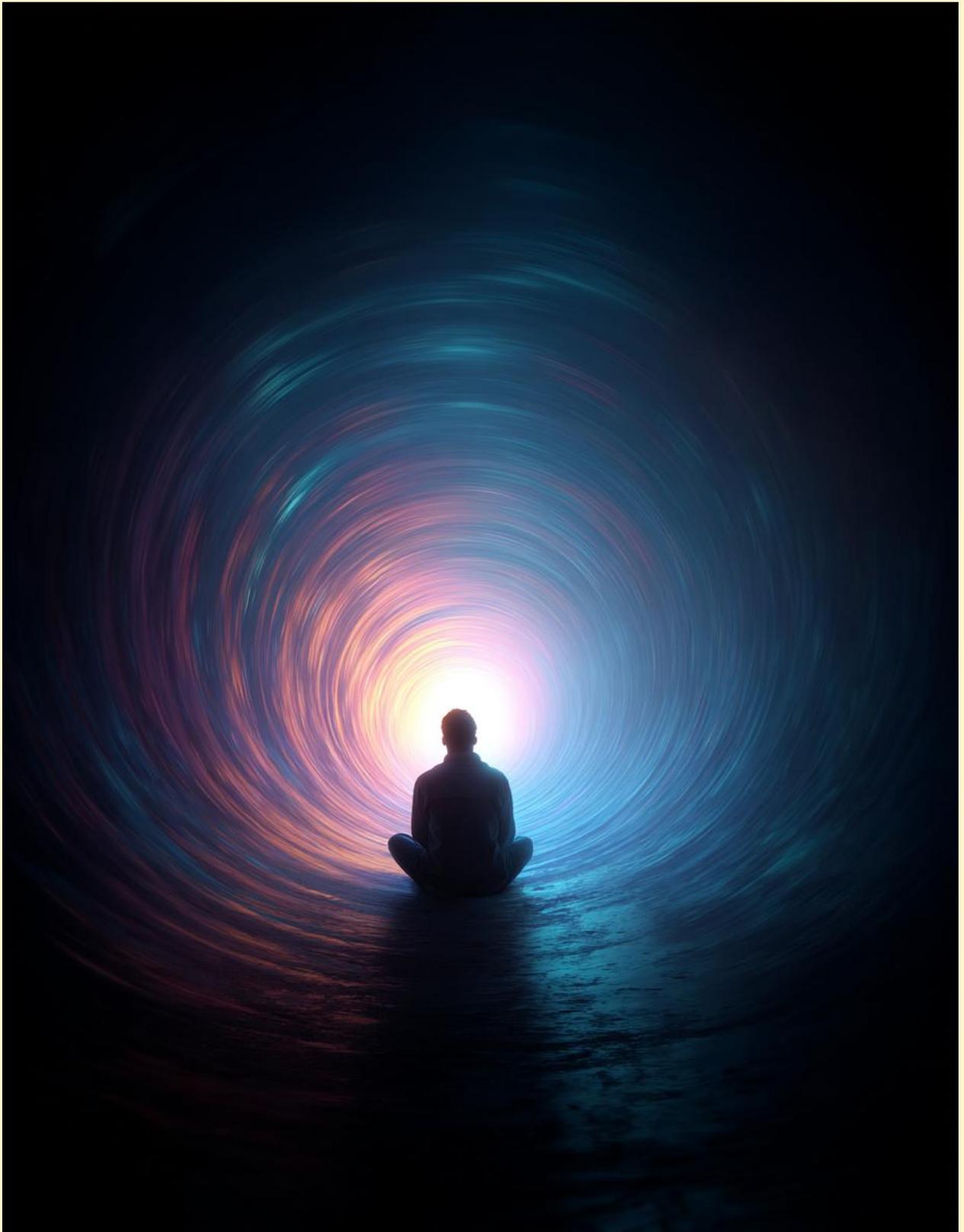
2. I am Craving. I feel my desire to do it, to have the experience.

The Quench: I have become reactive and wanting the experience, desiring the object of my craving. I know I will go down the road of damage. I don’t want that. I know all too well what will happen and the cost to my life. I tell others that I am susceptible and reveal these thoughts. I take myself out of harm’s way. I take refuge in what I know to be true. I do a deep inquiry into what is motivating me to have a slip. From this inventory, I act internally and externally to practice kindness and healing to know the source of my reactivity and to quench the impulse.

3. I am Clinging. I really feel the desire growing in me. I want to get my substance and prepare my high. I need it. I am in pain and suffering. I need to start. I am getting desperate.

The Quench: Wow! I am getting close. I feel the temptation and my resistance to it. Both are operating and my conflict is taking over my consciousness. I am uncomfortable and anxious. I need to take refuge in the wisdom side of me that knows all that will happen. I don’t want to be that person. I will descend into my deep being and look at and know what is really going on. How I hurt.

Who am I in struggle with? Who am I blaming? How is this feeling a trigger from my past and its hurts and damage? I am determined to know the source of this struggle and to situate myself in the present not the past. I will affirm my coping skills. I will speak up and seek help.



I will let others know I am in trouble. I will break the spell and change my environment. I am determined to find my balance and to like and accept myself. I don't want to go down this road. I am stronger than that.

4. I am Becoming: It is close now. I have started to make the preparations. I am getting ready with my stash. The desire is getting stronger and I feel less ready to desist.

The Quench: Here I go again. I feel both the desire and my hatred of myself growing. I am closing in on that helpless to stop sensation which is my undoing and my move to do it. My tension is growing and I feel it throughout my body and mind. I hate the way I am becoming absorbed in the compulsion and how it is ruining my existence. I don't like how I am preparing to be dishonest and how I will submerge for some time - I don't know for how long. I can stop now before the damage has been done. I need help. I have to break this being stuck inside myself. I need to reach out to my deepest friends, to get out in nature. Again and again, I will reach into my soul and find what is truly troubling me that is pushing this big fat button. And I won't choose this as I know with all my being that whatever relief I get, it won't last. I will be back with my stricken me unchanged in my core and susceptible to the next temptation when I am in pain again. I need a radical acceptance of who I am and I need help in getting to that.

5. The Birth: I have given in. I am stoned on my stuff. I know I need to stop - that is just a passing thought now - it feels good to let go into this. I am not thinking about much. Rational thought is beyond me. I am on my ride.

Alternatively: I need to stop now before I get too lost. I have had my taste. I have succumbed. But I don't want more. I will stop now.

The Quench: I have not stopped. It is not so easy. I have bypassed all the stages of "not birthing". No doubt I am too incapacitated to even read this and have chosen - I can say "given in" as a cop out - to enter dependency. Better to give myself agency and say, "I have chosen a different life and a different consciousness." I don't know when I will stop or "if." No doubt, something and someone will bring me down. I may grow tired of this and no longer feel it serves me as I am becoming paranoid and perhaps sick. It is no longer fun. I am doing it because I can't stop and I don't want to face the music of a return. Or perhaps this is a state of being I want and that is my truth.

Quenching comes about after abstinence and getting clear, or partially so. For some time, I will be in a relationship with my dependency. I will feel called to return and will have to resist the allure, the illusionary feeling of the pleasure of the escape from the struggles I face in this life. I will struggle with shame, the desire to deceive myself and others. I will have to rebuild and find a sense of time starting now. NOW! NOW!

I will have to find and walk a path to pleasure, forgiveness and authenticity. Feeling authentic in the moment is a deep pleasure. I will need to find those who welcome me, knowing my

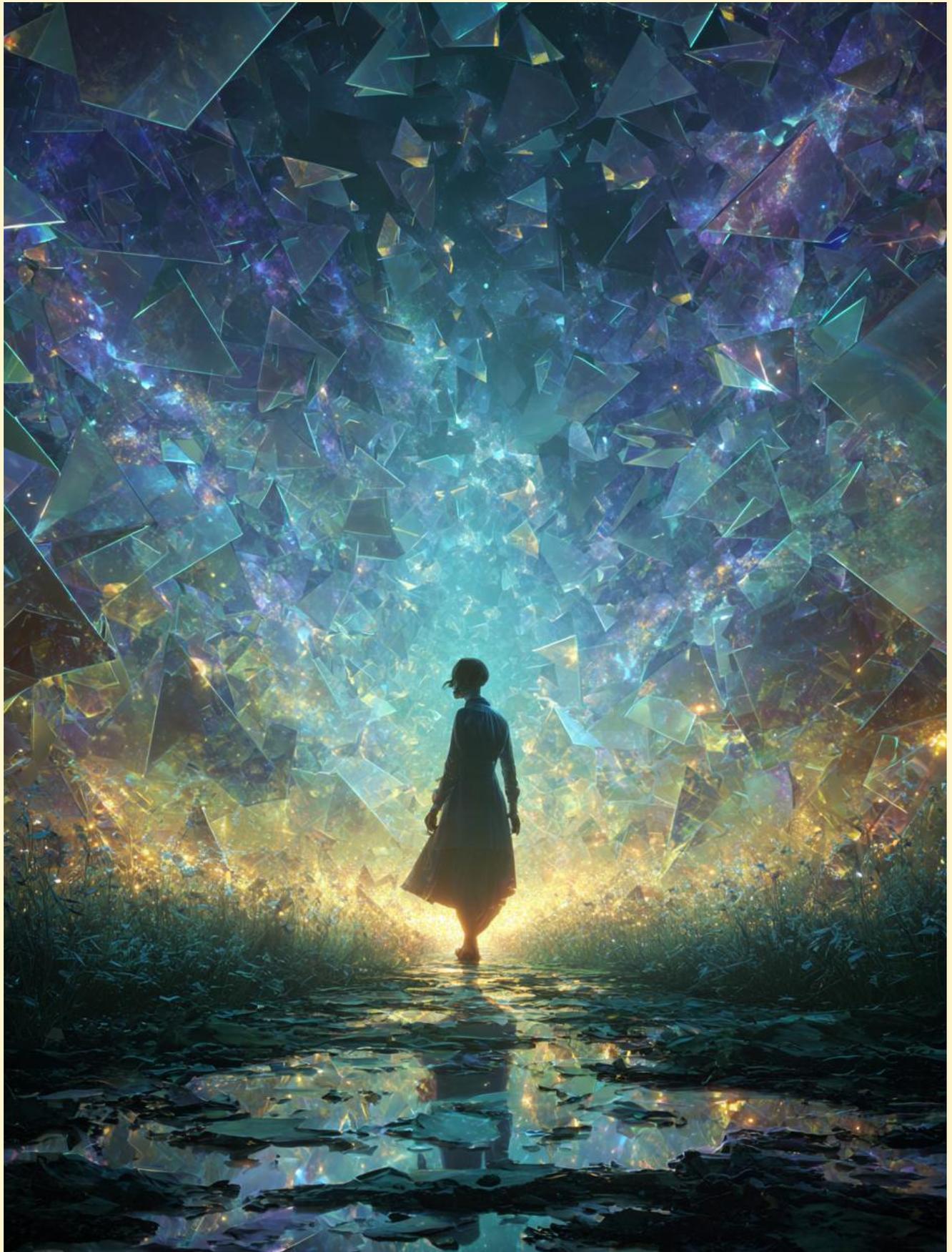
struggle. I will have to find a path of humility and honesty. I will treasure that and wear it as a cloak. I will acknowledge that "I don't know" and I want to learn and love. These are my songs.

I am committed to service and connection. I need to be careful about returning to my old ways and ambitions. Trying for the same again and again, I will fall into the same pit. I have put myself into a new life and will need to explore what that is, fumble around, and be ok with my uncertainty and not knowing.

OK, I get it and here I go.

Congratulations! We are with you.





The Ketamine Path of Dependency and the Application of Awakening and Empowering Agency

Ketamine dependency is often a matter of polypharmacy where different substances are used at once. The focus here will be on ketamine itself and its particular issues and allure. We have previously in these Guidelines written at length about the nature of ketamine states that lead to dependency.

In essence these are escape from this reality with relief; an inflated sense of one's singularity and importance; a sense of having a mission; extraordinary internal experiences; a sense of separation from connection to here and now, to environment, and stress. The ketamine dependency state resembles hypomania and mania in that the internal monitor that references us and stabilizes us is gone. The personal systems that test reality and helps with adaptation to circumstances, that voice within is attenuated or absent and therefore our balance is lost.

Let's apply the Awakening Process to emerging ketamine dependency and actual continued use.

1. First: I have had an experience of ketamine and a sense of liking it - liking how I feel and wanting to experience more of that. There is a sense of not wanting to wait too long and a desire to consume more. This feels emotional with a tinge of salvation. It is not an ordinary trip, but holds promise for relief from my struggles and stress. This is the tipoff that I am vulnerable to ketamine dependence - I like what I feel too much.
2. Craving: Ketamine is now occupying a bit of my mind space. I am aware of a "call" to it. I am noting it in the back of my mind as a desire to have more experiences. There is a feeling that this could make me happy and relieve my distresses and I could rise above them.

The Quench: I am aware that ketamine dependency is a real issue and I feel my susceptibility to it. I know I am in a struggle. I can feel the "call" of getting out of ordinary consciousness, of soaring to other realms, of transcending my negativity and anxiety. Clearly I need to seek help for I now am aware I could get lost in ketamine space. I am still saying to myself, "not me." But I wonder if that is true?

If I think ketamine will be entertainment, I am kidding myself that I will easily be able to leave it alone. I am struggling with my life and I need to take that seriously. I think ketamine will be an escape from my life, but I know I will have to come back to it. I need to affirm my capacity for coping with my challenges, taking the actions needed to unburden and get the support I need to do that. I need to work with myself and my self-regard and assemble the tools to do so. I will take those steps. That will bring me pleasure and self-regard.

I may choose to have a ketamine session and I will do so with a therapist, in a setting other than my own. I will not procure my own supply of ketamine. I know I want to have the experience of ketamine, but I will do so safely and avoid dependency.

3. The Clinging: Desire for ketamine is growing stronger. It is occupying more of my mind. I have been thinking about where and from who to get it. I notice planning and who to avoid and how to keep it a secret. I am aware that my integrity is wavering.

The Quench: Recognize your susceptibility and take action to avoid going down the dependency path. You are drawn to ketamine and at risk. It's quite possible that you will damage your life for a time and hurt others. Consider this deeply. Out yourself and ask for support. Stop searching for a supply. Do your internal search. Use the K-12 method. Find a meditation group. Seek therapy. Study the risks of ketamine dependency and apply what you learn to yourself.

4. Becoming: You are on the road to using on your own. Obtaining your stash, figuring out your place and stocking up for your time on ketamine. This is either your first ketamine binge, or you are relapsing. If it's the latter, you know what will happen and the cost of this surrender. It will be hard to stop. You will not listen to anyone advocating for that or speaking to you of the damage you are doing to yourself and to your relationship with them.

You have put energy into recovery and now you are giving into the ketamine allure. You are leaving your integrity, your abstinence tools, your recovery behind. You know that coming out of ketamine dependency becomes more difficult with each relapse and your support network will have less trust and less energy for you. Yet you are choosing to go down this road.

The Quench: Try this - turn around. Struggle with your parts like Jacob wrestled with the biblical angel. In this case you have created ketamine as your angel. Acknowledge your helplessness and your need to take refuge. Your resistance is failing. You need to not be alone in yourself. You need others desperately. They will help and will appreciate your taking refuge with them and avoiding the "k katastrophe."

You have not begun. Bring every bit of your will to bear. Don't stay in your own emotional closet for you will ruminate and temptation will haunt you. Search deeply for the sources of your sense of need for ketamine, of your woundedness and despair. Find the triggers that are pressing you to transcend that pain with ketamine. Workout and find physical release from your tension. Turn to nature and get out of your head. This is about breaking the spell of your ketamine passion.

5. Birth: I am into it now. I have succumbed. It feels so good to be in ketamine space. I am traveling. I have left my ordinary life behind with all its struggles. I just want to stay here. I know I will increase my frequency of K use in order to sustain this state. I am barely conscious of others and for the most part that seems good. I feel so strong, so sure of myself.

The Quench: The sooner you stop, the less you damage yourself and others. The problem is I don't want to. I don't want anyone telling me what to do.

Conclusion

For many ketamine dependent people, it is difficult to stop. That happens when there is overwhelming psychological damage to address, or when physical issues become too difficult to sustain. Some people stop when their money runs out or when ketamine becomes less interesting and when there is a realization that it is just not working for them.

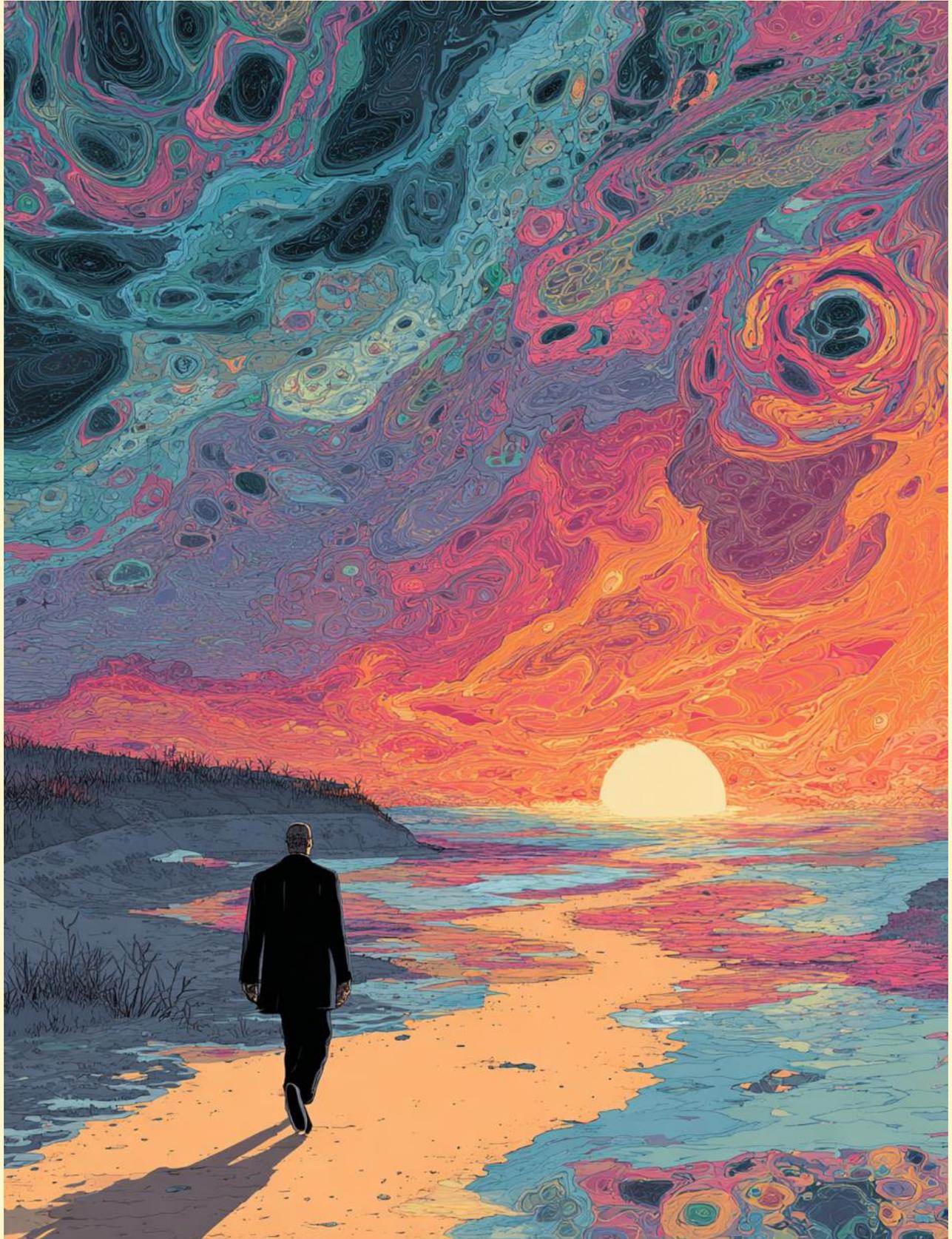
Serious dependency requires you to go to detox. You cannot be clear and rational until the acute ketamine effect has passed. And then you will only be partially clear. It will take time and you will be buffeted by cravings that you will need to resist. You will be confused and have trouble making sense of your experience.

Fully giving into the acknowledgement that you need support is a necessity. Stifling the remains of ego inflation is essential. You must accept that you do not know yourself and what you did know was an altered state, remote from your everyday life.

The reconstruction of your life and wellbeing takes time. You will struggle with boredom in comparison to the excitement of the ketamine mind. A serious dependency takes time to recover from. You will need to do the work in its depth and discover what it takes to find a new you as the basis for going forward.

These Guidelines are our best effort to assist you. We are with you on the path of Awakening.





PART IV -- K-12 DAILY PRACTICES AND SUPPORT FRAMEWORK

Introduction

The Ketamine Research Foundation is committed to continuing research and practice into the patterns and healing paths for ketamine abuse and dependence. We are supporting the creation of community networks that assist individuals facing ketamine-related challenges. As our understanding of ketamine's complex relationship to human well-being evolves, we are providing our support to those of you whose use has become problematic and those of you who feel your use is becoming problematic.

If you or a loved one is facing challenges with ketamine use and would like to explore possible recovery paths, we encourage you to reach out to us. We recognize that the path to recovery is neither simple nor uniform. Each individual's journey requires careful consideration of their particular circumstances, needs, and readiness for change.

We are currently providing safe online community meeting spaces for people who wish to share their challenges. We can work with you to better understand the difficulties you face and how to best support those navigating these challenges. These meeting spaces are grounded in the recognition that recovery from ketamine dependence requires sustained community and relationship support, honest self-examination, and commitment to principles that foster authentic living. We recognize that problematic use of ketamine affects the people who are relating to you. We offer space for support and consultation in an open, consenting, and respectful context.

The K-12 approach outlined here emerges from clinical observations and the lived experiences of those who have struggled with ketamine's particular allure and challenges. It is offered not as dogma, but as a framework for those seeking to prevent dependency. It is offered to those needing to reclaim their lives from compulsive ketamine use and cultivate the clarity, health, and mindfulness that recovery makes possible.

For support and information: ketaminesupport@ketaminerresearchfoundation.org

Understanding Ketamine's Impact on Human Development

Successful recovery from ketamine dependence involves far more than ceasing substance use. It requires confronting the reality that mind-altering substances may allow individuals to bypass their feelings - rather than work through fundamental developmental challenges that are essential for psychological maturation and authentic spiritual growth.

Developmental Arrest and Avoidance

Ketamine dependency often emerges during critical developmental windows when individuals are naturally called to create essential life capacities. This may include emotional regulation without external aids, the ability to tolerate mundane experiences and emotional pain, the capacity for sustained intimacy and vulnerability, and spiritual practices grounded in embodied reality rather than escape from it.

The psychedelic properties that make ketamine initially appealing - the ability to transcend ordinary consciousness and avoid difficult internal states - simultaneously interrupt the natural developmental processes that create resilient, integrated human beings. As a result, recovery requires completing interrupted psychological development, often requiring individuals to engage with developmental tasks that their peers accomplished years or decades earlier.

Another typical pattern that is also used as a bypass for human wholeness occurs in older individuals who are encountering emotional difficulties, setbacks, and feelings of failure. Such people may have an arousal of earlier traumas and could fall back into conflicts stemming from their family of origin.

Still another pattern for some people who may be at risk for potential dependency is getting excited by the internal process of ketamine. This can create a feeling of power, specialness, uniqueness, and the entertainment of repeated journeying to other realities.

Most people who try ketamine and use it therapeutically don't feel the allure and personal sense of specialness. Repeated use often takes place at intervals and does not include a sense of a compulsion to repeat ketamine use with more frequency. At greatest risk for dependency are those who grasp at the feelings ketamine provides and eventually develop a craving for ketamine. They may live more and more in their version of ketamine's altered reality.

The allure and craving for continued use of ketamine make it very challenging to quit. We must confront the reality of lives that need to be lived within the complexities of our culture. Many avoid this personal path, deeming it undesirable, conflictual, ordinary, confusing, and difficult. This avoidance is precisely what makes letting go of ketamine so hard. Acknowledging this struggle is essential for driving change and achieving true recovery.

Ketamine's allure, the craving to consume more is often what makes it so hard to quit. Returning to ordinary life in the difficult reality of this culture - and resuming your personal path after avoidance is not easy. That resumption is felt as not desirable. It sometimes feels conflictual, too ordinary, confusing, and a life in which it is hard to derive meaning. For some people, this makes ketamine difficult to give up. It is understanding this that makes space for change and recovery.

To be clear, recovering from ketamine dependency is not about going back to the place you left. Instead, it is about generating the consciousness, spirit, and relationships that make you feel alive in the present. Our task is to provide the therapeutic awakening and sharing that opens the door to the feeling of being vital and present. All of us are engaged in that same task of Embracing Life with all its challenges. Openness to that exploration, bit by bit, is the basis for prevention and recovery. We recognize that this is neither simple nor easy, and requires kindness to oneself and understanding of the difficulty. Understand that ketamine dependency is not sustainable and is ultimately harmful to you and those you care about.

The Spiritual Dimension of Recovery

Many individuals drawn to ketamine use are responding to authentic spiritual hunger. This is a genuine yearning for transcendence, meaning, and connection that extends beyond the confines of ordinary ego consciousness. Ketamine appears to satisfy this hunger through chemically induced ego dissolution and mystical experience. However, this artificial transcendence often becomes a substitute for the more challenging, but ultimately more satisfying, path of authentic relational and spiritual development.



Ketamine tends to provide a sense of unity with the universe and a connection with the divine. People who use it sometimes feel that they are on a special mission that can only be manifested and delivered by the person in the ketamine thrall. While this experience seems transcendent, and is a remarkable, novel experience of being special and worthwhile, it is delusional and fragile. This is also true of delusions brought from the ketamine outer dimension into everyday life. They are incompatible and foster conflict, isolation, and an uncomfortable sense of not being understood or appreciated. By creating a separation that needs reinforcement of continued use to sustain the ketamine delusional experience, ketamine dependency is fostered.

Recovery requires distinguishing between genuine spiritual insight and drug-induced grandiosity, developing sustainable spiritual practices that enhance rather than escape embodied existence. Those on the path to recovery must also embrace the paradox that true transcendence often comes through accepting rather than avoiding human limitation. The spiritual dimension of recovery is not about rejecting transcendent experience, but about finding sources of meaning and connection that enhance one's capacity to engage fully with life rather than escape from it.

No one formula works for all. Being on a spiritual path is multidimensional and as varied as the human experience itself. We would be derelict in our duty as clinicians, however, if we did not provide a general sense of what the path entails. The elements are:

Embrace life

Diminish and stop reactivity

Seek balance and equanimity

Treasure the body, the mind, and the heart

Practice respect for yourself and others

Choose love, kindness and friendship

Practice being present and cultivate awakened awareness

When we are temporarily free of reactivity we will experience the expansiveness and peace that it brings to us.

The more these practices take root in any of us, the more we sing and dance in our deepest spirit.

Emotional Development and Authentic Intimacy

Ketamine's dissociative effects create an artificial sense of emotional connection and empathy that can feel more profound than ordinary human intimacy. However, this chemically mediated connection often substitutes for the more challenging work of developing genuine emotional intimacy. It impedes the capacity to remain present with both one's own and others' difficult emotions without numbing, escaping, or tripping out.

Recovery involves learning to tolerate emotional discomfort without immediate relief, developing the capacity for sustained attention to emotional nuance, and building authentic relationships based on mutual vulnerability rather than shared substance experience. This often requires individuals to develop emotional regulation skills that would typically be mastered during adolescence and young adulthood.

There is always the possibility of getting on this path of realization. The compulsive journey can be left behind. We can come back and find the path of living authentically. We do need to embrace and live relationally, however hard that is. Indeed, it is not always easy and requires developing our skills, tolerance, and appreciation of our own and others' trauma and ways of being. However insistent we are in our denial of our need for others, disavow our need to belong, and think we are entirely self-sufficient, that way of being will crumble. It is a path fraught with difficulty and misery. We are a product of our experiences and of our connections both difficult and beautiful. We are always dependent on these things. When we look closely, we realize that we are entirely interconnected. Pursuing our individuality with this understanding helps us maintain balance, fostering a sense of value for ourselves and others.

Putting It All Together

Elements of Practice

or Prevention, Recovery, and for the Pleasure of Being a Conscious Person

Core Daily Practice Structure

Morning Practice (15-20 minutes)

Complete K-12 Reading with Developmental Awareness

- Read all 12 steps slowly and mindfully, allowing each principle to illuminate areas of interrupted development.
- Notice which steps evoke resistance, recognizing this resistance often points toward avoided developmental work.
- Identify which developmental challenges feel most pressing today: emotional regulation, authentic intimacy, spiritual practice, or responsibility.

Write brief responses to:

1. "Today I am most drawn to Step __ because it addresses my developmental need for..."
2. "The step I most want to avoid is __ because it challenges me to grow in..."
3. "My commitment to abstinence today includes embracing the developmental work of..."
4. "One way I will practice emotional or spiritual maturity today is..."

Morning Commitment to Growth

Read aloud or silently: "I commit to living the K-12 principles today, embracing both the discomfort and the growth that recovery requires. I choose to engage with my developmental challenges rather than escape them, trusting that authentic maturation is possible.



Daily Intention Setting with Maturation Focus:

Throughout the Day Practice with Developmental Focus

Moment-by-Moment Maturity Practice

- When facing emotional discomfort ask: "How can I stay present rather than dissociate?"
- During interpersonal conflict ask: "What would emotional maturity look like here?"
- In mundane moments ask: "How can I find meaning in ordinary consciousness?"
- When craving escape ask: "What developmental challenge am I avoiding?"

Spiritual Practice Integration

- Brief moments of embodied awareness: feeling feet on the ground, breath in the body.
- Gratitude for ordinary experiences and simple human pleasures.
- Recognition of interdependence and genuine humility.
- Service to others that doesn't require special knowledge or elevated consciousness.

Evening Reflection with Growth Assessment (15-20 minutes)

Daily Development Inventory

1. "How did I handle emotional discomfort today without escaping or numbing?"
2. "What moments of authentic intimacy or vulnerability did I experience?"
3. "Where did I find meaning or spiritual connection in ordinary consciousness?"
4. "What developmental challenges did I avoid or embrace today?"
5. "How did I practice genuine humility rather than false specialness?"
6. "What growth occurred that I could acknowledge with healthy pride?"
7. "What areas of continued immaturity do I need to address tomorrow?"

Integration and Learning

- Identify one insight about your authentic self (separate from ketamine-enhanced identity)
- Recognize one area where emotional or spiritual maturity has increased
- Acknowledge one way you contribute to others' wellbeing without needing to feel special

Weekly Deeper Practice Framework

Weekly K-12 Focus Rotation

Week 1: Awareness and Acknowledgment (Steps 1 – 2)

Daily Focus Questions:

- How is my dependence showing up today?
- What sense of "specialness" am I clinging to?
- Where am I separated from my essence or others?

Weekly Exercise: Create a written inventory of how ketamine dependence has dominated your life and relationships.

Support Group Discussion Prompts:

- Share what's hardest to acknowledge about dependence.
- Discuss fear of becoming "ordinary" without ketamine.
- Support each other in recognizing impaired judgment.

Week 2: Surrender and Release (Step 3)

Daily Focus Questions:

- What would I have to give up to live without ketamine?
- How am I clinging to the illusion of control?
- Where is ego inflation distorting my thinking?

Weekly Exercise: Write about your "ketamine lifestyle" and what surrender would require.

Support Group Discussion Prompts:

- Share fears about giving up ketamine.
- Discuss the "greater source of wisdom" within.
- Explore what groundedness means.

Week 3: Self-Inquiry and Truth-Telling (Steps 4-5)

Daily Focus Questions:

- What wounds or trauma am I avoiding with ketamine?
- How has ketamine removed me from truly living?
- What feedback have I dismissed or ignored?

Weekly Exercise: Complete a searching inventory of emotional wounds, fears, and patterns that ketamine helps avoid.

Support Group Discussion Prompts:

- Share results of fearless self-examination.
- Practice non-defensive listening to feedback.
- Support each other in radical honesty.

Week 4: Readiness and Transformation (Steps 6-7)

Daily Focus Questions:

- What fears might drive me back to ketamine?
- How can I navigate life's challenges without escaping?

- What does stepping onto the path look like today?

Weekly Exercise: Develop a concrete plan for managing early recovery challenges.

Support Group Discussion Prompts:

- Share about the "flatness" and disorientation of early recovery.
- Discuss alternative sources of inspiration and connection.
- Practice the "bottom line" principles together.

Week 5: Daily Practice and Learning Integration (Steps 8-9)

Daily Focus Questions:

- What are my motives and emotional state right now?
- What authentic insights from ketamine can I honor?
- How am I integrating wisdom through safer means?

Weekly Exercise: Create a comprehensive inventory of positive and negative aspects of ketamine experiences.

Support Group Discussion Prompts:

- Share daily inventory practices and insights.
- Discuss how to honor authentic learnings from ketamine.
- Support integration of genuine insights.

Week 6: Amends and Moving Forward (Steps 10-11)

Daily Focus Questions:

- Who have I harmed through my ketamine use?
- How can I deepen my presence today?
- What does fully embracing life look like?

Weekly Exercise: Complete the amends inventory and begin making direct amends where appropriate.

Support Group Discussion Prompts:

- Share about harm caused and amends needed.
- Discuss spiritual practices that support recovery.
- Plan for a life of authentic engagement.



Week 7: Commitment and Abstinence (Step 12)

Daily Focus Questions:

- How am I cultivating clarity, health, and mindfulness?
- What does a life I'm proud of look like?
- How do I maintain commitment to abstinence?

Weekly Exercise: Write a personal commitment statement to abstinence and K-12 principles.

Support Group Discussion Prompts:

- Share personal commitments to abstinence.
- Discuss long-term recovery vision.
- Support each other's ongoing sobriety.

Week 8: Integration and Renewal

Complete K-12 Review:

- Read all steps as an integrated whole.
- Reflect on the evolution of understanding over 8 weeks.
- Identify areas of continued growth needed.
- Recommit to daily practice.

Support Group Focus:

- Group members share their overall experience with the 8-week cycle.
- Discuss which steps remain most challenging.
- Plan for continued group engagement.
- Welcome newcomers and share your experience.

Support Group Integration

In-Person Support Groups

Finding or Creating K-12 Groups:

- Contact local NA/AA groups about interest in K-12 meetings.
- Post in recovery centers, therapy offices, harm reduction organizations.
- Use community bulletin boards and social media recovery groups.
- Partner with existing addiction support organizations.

Starting a New K-12 Group:

1. Identify 3-4 people committed to regular attendance.
2. Find a consistent meeting space (community centers, libraries, churches).
3. Establish a weekly meeting time and rotating leadership.

4. Create a simple format: opening, K-12 reading, sharing, closing.
5. Develop group agreements based on K-12 principles.

Group Meeting Structure (60 minutes):

- Opening and introductions (5 minutes).
- K-12 reading - focus on weekly theme (10 minutes).
- Sharing round on weekly focus questions (35 minutes).
- Planning and commitments (5 minutes).
- Closing commitment to abstinence (5 minutes).

Online Support Groups

Virtual K-12 Meetings:

- Weekly video calls using Zoom, Google Meet, or similar platforms.
- Rotating facilitation among regular members.
- Same structure as in-person meetings.
- Option for camera-off participation for privacy.

Online Community Platforms:

- Private Facebook groups for daily check-ins and support.
- Discord servers for real-time chat support.
- Forum-style platforms for more extended discussions and sharing.
- WhatsApp, Signal, or Telegram groups for crisis support and accountability.

Daily Online Practices:

- Morning intention sharing in group chat.
- Midday check-ins when struggling with cravings.
- Evening reflection sharing (optional).
- Weekend deeper sharing about weekly exercises.

Hybrid Support Model

Combining Individual and Group Practice:

- Daily individual K-12 reading and reflection.
- Weekly group meeting for sharing and accountability.
- Online community for between-meeting support.
- Monthly individual review with sponsor or accountability partner.

Crisis Support Network:

- Group members exchange phone numbers for crises.
- Established protocol for supporting someone in danger of relapse.

- Connection to professional crisis resources when needed.
- Regular check-ins for members going through difficult periods.

Accountability and Commitment Structures

Daily Accountability

- Morning intention sharing with an accountability partner or group.
- Evening check-in about challenges and successes.
- Honest reporting about cravings, near-misses, or struggles.
- Celebration of daily abstinence and recovery practices.

Weekly Accountability

- Regular attendance at support group meetings.
- Completion of weekly deeper practice exercises.
- Sharing progress and challenges with the sponsor or mentor.
- Assessment of overall recovery trajectory and needed adjustments.

Monthly Commitment Renewal

- Review and recommit to K-12 principles.
- Assess progress in recovery and life engagement.
- Adjust daily and weekly practices based on what's working.
- Plan for anticipated challenges or high-risk situations.

Crisis Support Protocols

Early Warning System

Personal Warning Signs:

- Increased obsessive thinking about ketamine.
- Romanticizing past ketamine experiences.
- Isolating from recovery support.
- Neglecting daily K-12 practices.
- Dismissing concerns from others.

Support Network Response:

- Immediate outreach from accountability partners.
- Increased meeting attendance or support contact.
- Review of K-12 steps focusing on surrender and readiness.
- Professional consultation if needed.
- Safety planning for high-risk situations.

Emergency Protocols

Crisis Situations:

- Active suicidal ideation: US National Suicide Prevention Lifeline 988. (other countries: https://en.wikipedia.org/wiki/List_of_suicide_crisis_lines)
- Medical emergency from substance use: Call 911. (other countries: https://en.wikipedia.org/wiki/List_of_emergency_telephone_numbers)
- Psychiatric crisis: local crisis mental health services.
- Relapse crisis: immediate contact with sponsor and/or group members.

Group Crisis Response:

- No judgment for honesty about struggles or relapses.
- Immediate mobilization of support resources.
- Focus on safety and stabilization before processing.
- Professional referral coordination when needed.
- Continued group inclusion and support during difficulties.

