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Sit Down to Float: The Cultural Meaning of Ketamine Use in Hong Kong

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Abstract
From the late 1990s onward, ketamine use among young persons in Hong Kong grew rapidly becoming the drug of choice. This article examines ketamine's attraction in Hong Kong, and in so doing aims to uncover the cultural meaning of ketamine use. The analysis explores the emergence and shifts in meanings and experiences of those who initiate and continue to use ketamine. The data stems from a comparative study of the social setting of club drug use in Hong Kong, San Francisco and Rotterdam. We draw from 100 in-depth interviews to examine the experiences of young persons who have used drugs in dance venues in Hong Kong. Our findings indicate that ketamine has become embedded in a distinctively working class youth dance scene, is accessible in terms of supply and cost, shared among groups of friends and results in a stimulating yet liberating experience beyond that of ecstasy.

Keywords: *Ketamine, dance, young people, culture of drug consumption*

Introduction

Although ketamine was first synthesized in 1962, medical use as a short-acting, dissociative anesthetic in surgery began some years later in 1970. Even before its use in the medical community, observers had noted its nonmedical use in the late 1960s, principally among ''psychonauts'' – mind explorers, new age spiritualists and other professionals interested in transformative experiences. Access to ketamine was largely through medical staff and used in quiet surroundings (Jansen 2000). This trend continued until the late 1970s when U.S. reports indicated the emergence of ketamine injection and snorting among recreational users

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(Lankenau and Clatts 2004). From the mid-1980s onwards, the nonmedical use of ketamine along with ecstasy gained popularity among young persons attracted to the growing dance-club culture in the U.S., Europe, Australia and eventually in Asia. Its use at large warehouse events in Europe has been traced to European disc jockeys bringing it back from beach party events in Goa, India where ketamine could be purchased over the counter (Jansen 2000).

Ketamine's reputation in the contemporary dance drug scene has differed from that of ecstasy. Internationally, ecstasy's popularity has been linked to its emotive and spiritual qualities in a distinctive dance-music setting. As Saunders and Doblin (1995) have noted, ''the combination of the drug with music and dancing can produce an exhilarating trancelike state . . . an exhilarating feeling of group celebration'' (p.35). Ecstasy remains the primary drug associated with the European, Australian and U.S. dance scenes (Hunt and Evans 2003; CEWG 2006; Campbell and Degenhardt 2007; EMCDDA 2007). By contrast, ketamine's emergence in this scene appears to have been more gradual and uneven, given its reputation for blackouts and heavy impairment of speech and movement at higher doses. Measham et al.'s (2001) U.K. fieldwork indicated that ketamine was being sold as ecstasy. Jansen's clinical observations (2000) suggested that this left some ravers with a ''surprise attack . . .' and ketamine acquir[ing] a bad reputation'' (p. 421). Ketamine is reported to be popular among UK clubbers in gay and mixed urban scenes, but differences exist depending on the music genre (Measham et al. 2001). Its reputation for precipitating unconscious states has not been tolerated in high-end U.K. dance venues (EMCDDA 2002). In some locales, the preference is to use ketamine as part of a ''post clubbing'' experience (Moore and Measham 2006). Austrian ecstasy and amphetamine users have associated ketamine with a high level of psychological risks (as reported in EMCDDA, 2002). In Australia, while some users have not gone beyond experimentation for fear of the ''k-hole'', others perceive this transcendence as a positive feature of ketamine (Dillon et al. 2003; White et al. 2006).

Despite ketamine's tenuous reputation in the dance scene, many European countries report increased use among dancegoers from the late 1990s onwards, with seven countries reporting lifetime use for 2006 ranging from 6.7% in the Czech Republic to 10.8% in Italy, 16.4% in France to 20.9% in Hungary (EMCDDA 2002, 2007). In the U.K., there has been an increase in experimentation and the development of ''an established user base'' (Nutt and Williams 2004, p. 4) in certain locales and among subgroups within the dance scene, which led to ketamine's classification as a Class C drug in January 2006 (Release 1997; EMCDDA 2002; Riley and Hayward 2004; McCambridge et al. 2007). Australia reports recreational ketamine use, principally in nightclubs and dance venues, but at far lower levels than ecstasy and as part of a repertoire of drugs among an educated group (Dillon et al. 2003; Degenhardt et al. 2005; Campbell and Degenhardt 2007). In the U.S., school surveys report low and decreasing rates of ketamine use among high school students (Johnston et al. 2007) and limited use in monitored sites of the Community Epidemiology Working Group (CEWG 2006), although injection use in some U.S. cities has been linked to high-risk street youth who use in nonclub scenes (Lankenau and Clatts 2002).

Some Asian countries have witnessed increased use of ecstasy, ketamine and methamphetamines, with Singapore reporting 2003 as being the first year in which the proportion of arrests for synthetic drug use (54%) was greater than that of heroin (31%) (Lim 2003; Singapore Central Narcotics Bureau 2006). Since 2002, ecstasy has become the drug of choice among young persons in Taiwan, and is frequently used in conjunction with ketamine (Lua et al. 2003; Taipei Times 2004; Yen et al. 2007).

These international trends indicate that ketamine use has been rising, but at relatively limited levels in certain locales, among certain social groups, used principally via the intranasal method, as part of a repertoire of drugs, and used primarily in dance settings or

extensions of the clubbing experience. Our comparative study of party drug use in Hong Kong, San Francisco and Rotterdam confirms the cultural specificity of ketamine use. Although ecstasy use was found across the three cities, the prevalence of ketamine use in Hong Kong distinguished it from the other sites. In fact, the rapid rise in and popularity of ketamine use among young people in Hong Kong is possibly unmatched internationally. At the end of the 1990s, ketamine use among young people in Hong Kong grew so quickly that within 3 years of its introduction to the local drug market, it became the primary drug of choice among those under 21 years of age, surpassing that of ecstasy and remains so today.

Ketamine has been simultaneously glorified and vilified in popular culture through the local band, MP4's song, ''Don't Sniff K Daddy.'' Its presence in the dance scene and beyond has demanded a new perspective from treatment and outreach workers, law enforcement authorities, the courts and policymakers. Having worked for over five decades with the dominant drug culture of working-class heroin use, many were not prepared for this shift. In the following discussion, we seek to understand ketamine's popularity among young persons in Hong Kong and in so doing, uncover the cultural meaning of ketamine use. After a brief overview of ketamine trends in Hong Kong, we examine the emergence and shifts in meanings and experiences of young people who initiate and continue to use ketamine.

The emergence of ketamine in Hong Kong

> *Why the nightclubs in Hong Kong are becoming like this? Because the fing tao*[1] *places are so popular now. All the big and small discos and clubs become like this. Sloppy decoration and cheap sound system. Only a few lights there. How can I see your face clearly . . . The crowd is like the sea and mountain. The discos are full of people every night. All the music is Chinese songs. Anyway, you can shake until your bum falls off. . . (Lyrics from "Don't Sniff K, Daddy" by MP4)*

MP4's introductory lyrics are a cultural commentary on the development of the Hong Kong dance drug scene: from a leisure site of exclusivity to one of mass appeal. Although ecstasy appeared in the mid-1990s at occasional raves attended by expatriates, its popularity among local residents became apparent not long after the 1997 British handover of Hong Kong to China, and its new political system based on ''one country, two systems.'' The handover had surprisingly few immediate effects on local youth culture, but it raised new possibilities for a Hong Kong Chinese identity. Despite the handover, a burgeoning entertainment scene was developing in Hong Kong with the conversion of karaoke bars, pubs and restaurants into permanent dance sites, fashioned to accommodate a broad range of social groupings, from the exclusive membership clubs featuring local celebrities to large-scale discos with private VIP rooms to ''no frills'' dance rooms operating without liquor licenses (Joe-Laidler et al. 2001; Joe-Laidler 2005). By 1999, cross-border travel became commonplace for young and old as the site for affordable consumption and leisure extended to the mainland. The Hong Kong dance scene quickly spilled over the border to Shenzhen, a short train ride away, giving Hong Kong residents more venue choices and cheaper prices for entrance fees, drinks and drugs. Despite the differences in social-class groups, lifestyles and budgets associated with these venues, ecstasy was a common link and became an integral part of a ''night out'' for most attendees.

The growing popularity of ecstasy is evident from the government's Central Registry of Drug Abuse (CRDA), which documents those who come in contact with authorities and health professionals. The number of newly reported ecstasy users climbed from 19% in 1999

to a peak of 63% in 2000, and slowly declined over the next few years to 39% in 2006 (Table I). Among those persons previously reported, the proportion using ecstasy also rose. The proportional increase in ecstasy use among older users (21 and over) was far lower than their younger counterparts.

Shortly after the increase in ecstasy use, ketamine emerged as a supplement to ''top up'' and shift the high from ecstasy. Initial reports of ketamine use were linked to newly opened large-scale discos frequented by local celebrities in which police raids resulted in possession arrests for ketamine, ice (smokeable methamphetamine) and ecstasy (Apple Daily 1999). As our earlier research led us to predict in 2000, ketamine's popularity among the young eventually surpassed that of ecstasy and continues unabated (Joe-Laidler et al. 2001). The total number of reported drug users under age 21 using ketamine grew from <1% in 1999 to 60% in 2001 (overtaking the proportion of ecstasy use −53%), and reached 73% by 2006. The proportion of new older users also increased but at a lower pace over the past decade. Reported ice and cocaine use has been comparatively lower.

It has become clear that while fewer young persons are currently using heroin, they are increasingly using multiple drugs, especially ecstasy and ketamine. The percentage of poly-drug use among all reported young persons grew from 16% in 1997 to 51% in 2006. Lau et al.'s study (2007) found a relatively large proportion of Hong Kong residents who traveled across the border to the mainland for leisure were using multiple drugs, particularly ecstasy and ketamine, at dance parties and discos with friends. The cross-border attraction has been related to the lower costs of drugs and entertainment, peer influence and availability.

Outreach and social workers confirm the preference for ketamine and ecstasy among young persons (Ho et al. 2006; Hong Kong Council of Social Services 2007). According to government school surveys, although the overall prevalence of psychotropic drug use among secondary and vocational training students decreased from 4.1% in 2000 to 2.7% in 2004, ketamine reversed its position with ecstasy, moving from the third to the first most frequently used drug (Lau 2002; Fung and Chan 2005). Beyond these prevalence studies, little is known about the set and setting of ketamine use. While Joe-Laidler et al. (2001) and Lee (2001) found ecstasy and ketamine were used largely in club and disco settings in this early period, recent efforts suggest an expansion of leisure sites for ketamine use, including homes, karaoke clubs, game centers and public areas (Lam et al. 2004; Joe-Laidler 2005; Joe-Laidler et al. 2006). Given these trends, the question arises as to why ketamine has become the drug of choice among Hong Kong's youth: what meanings does it hold for young people and in what contexts?

Methods and sample

The data stem from the Hong Kong portion of our comparative study. This analysis is based on interviews with 100 persons who reported using illicit drugs at least three times and frequenting a dance venue within the last 6 months (April 2003–October 2004). The interview included a quantitative component to record socio-demographic and drug-use details and a semi-structured guide to document the respondents' life histories, initiation, motivations and problems with alcohol and drugs, involvement in drug sales and experiences in different dance venues. The recorded interviews were conducted in Cantonese, the local Chinese dialect, and translated into English (with the exception of the 10 cases where the respondents' native language was English).

Table I. Ten-year drug use trends for reported users by age.

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Under 21										
Newly reported										
Heroin	48.0	38.9	29.4	10.6	6.9	7.2	4.5	2.6	2.7	2.0
Ecstasy	2.3	3.6	19.1	62.9	49.8	35.9	33.8	38.1	56.1	38.5
Ketamine	0.1	–	1.1	44.4	63.3	72.8	61.6	70.9	60.7	73.2
Cannabis	31.2	39.8	39.8	20.0	16.7	26.3	28.3	24.0	24.9	17.5
Ice	18.5	21.0	18.8	9.7	8.3	7.6	5.1	5.5	7.4	9.6
Cocaine	–	–	0.2	0.4	0.3	0.6	–[a]	1.1	2.3	6.4
% Polydrug	14.7	13.8	21.1	42.6	40.4	40.6	40.6	44.9	54.2	44.9
Total reported	1333	1210	1120	2251	2050	1716	1361	1489	1828	1730
Previously reported										
Heroin	78.2	76.0	69.2	41.9	24.5	18.5	17.0	11.4	8.7	2.0
Ecstasy	1.2	0.5	6.9	43.7	58.6	40.1	34.7	38.7	41.0	52.0
Ketamine	–	–	0.2	23.0	53.6	65.0	65.0	66.6	62.6	72.9
Cannabis	13.6	14.7	20.5	23.5	18.4	25.1	28.8	129.2	28.2	21.3
Ice	10.8	13.9	15.7	13.4	15.3	9.2	10.6	9.6	10.7	12.1
Cocaine	0.1	0.1	0.4	0.1	0.5	0.4	1.5	–[a]	3.9	7.1
% Polydrug	16.8	17.1	21.1	39.2	55.2	48.8	52.8	55.3	54.6	63.5
Total reported	1554	1341	1099	1215	1160	774	462	638	412	794
All reported	2887	2551	2219	3467	3210	2494	1832	2127	2240	2524
21 & Over										
Newly reported										
Heroin	56.5	58.1	58.7	50.4	37.2	47.1	47.7	48.0	49.9	39.0
Ecstasy	0.9	0.4	2.4	14.4	17.5	12.1	9.1	12.8	18.9	13.5
Ketamine	–	–	0.3	12.3	27.8	26.6	23.3	27.7	21.6	36.1
Cannabis	27.0	28.4	23.2	19.4	16.6	14.2	12.2	11.4	15.2	13.3
Ice	10.3	10.8	12.3	7.6	5.9	4.1	4.3	4.5	6.8	7.5
Cocaine	0.3	0.5	0.3	0.3	0.8	0.7	–[a]	1.3	2.7	4.0
% Polydrug	7.4	7.5	9.2	12.3	14.4	15.1	14.0	18.7	26.7	26.0
Total reported	1479	1371	1242	1660	1853	1987	1757	2091	1800	1723
Previously reported										
Heroin	95.6	95.6	95.3	93.9	92.8	92.8	90.6	87.6	88.7	83.1
Ecstasy	–[b]	–[b]	0.2	1.3	2.2	1.8	1.5	1.9	1.6	2.3
Ketamine	–	–	–[b]	1.1	2.8	3.5	3.6	5.1	3.5	6.5
Cannabis	2.4	2.8	2.9	3.3	3.2	3.2	2.9	3.3	2.9	3.7
Ice	2.2	3.0	4.1	4.1	4.3	2.8	3.5	3.9	4.5	5.2
Cocaine	0.1	0.1	0.1	0.2	0.2	0.1	0.2	0.5	0.9	1.3
% Polydrug	10.3	10.1	11.9	12.6	13.4	15.3	18.3	20.3	23.8	28.0
Total reported	12130	11824	11742	11297	11268	11449	10361	10309	9891	8883
All reported	13609	13195	12984	12957	13122	13438	12128	12400	11691	10606

Notes: [a]Figures are suppressed for data confidentiality. [b]Less than 0.05. Multiple answers are possible; therefore, totals do not equal 100%.
These statistics are based on reports sent to CRDA by various agencies including law enforcement, treatment and welfare agencies, hospitals and clinics. Reported users can be tracked over time through a unique identification number. Although the reporting network is comprehensive, it is a voluntary reporting system and reflects only those users in contact with reporting agencies. It is therefore not possible for the CRDA to ascertain the exact size of the drug using population. The statistics should be taken as indicators of trends rather than a finite definition of the situation.
Source: Central Registry of Drug Abuse, Special Request 2007.

Six local Chinese young adults conducted the interviews. Three of them had developed research contacts with user and seller networks through previous studies (Joe-Laidler et al. 2000, 2001, 2004). Referrals came from contacts with users from prior studies (37%), who provided chain referrals to other respondents (46%) and from drug-outreach and treatment staff (17%). The interviews ranged from 75 min to 5 h with an average of 2 h. Interviews took place in various settings, from the respondent's or peer's home to public parks, coffee shops, fast food outlets, bars, quiet lounges and at a University office. We provided an honorarium of ~US$40 for the interviewees' participation.

Two-thirds of the respondents were male, which is similar to CRDA trends with female ecstasy and ketamine users representing one-third of the total number of officially documented youth (Joe-Laidler et al. 2004; CRDA 2005). Most respondents were native to Hong Kong (79%). Others had immigrated to Hong Kong from Mainland China (17%) or from other countries (4%). The median age was 21 with a range of 15 to 31. Compulsory education in Hong Kong requires the completion of Form 3 at about ages 15–16. Slightly more than 60% had not advanced beyond this. Less than 10% had attained a higher degree. One-third of all respondents were currently attending school. The majority of respondents lived with their immediate family, with 42% residing with both parents and another 26% living with one parent. Others lived on their own (7%), their partner (11%) or friends (14%).

Most respondents (73%) came from lower and working class backgrounds. Those employed (70%) worked mainly in service or trade occupations including cosmetology, sales, construction, decoration, servers at restaurants and discos, although a few worked as accountants, bankers, flight attendants, managers, teachers and journalists. Among those employed, only 30% earned more than US$1000 per month. About 40% of them depended on family members for a monthly allowance. About 10% of respondents earned money through drug selling or other illegal activities.

Initiation into use

> *Hey . . . your Dad sniffs K . . . Use a credit card to cut the powder into lines. It's true that the credit card is so useful around the world. One line is for your big brother. One line is for your big sister-in-law. All the family members have sniffed already . . . (Lyrics from "Don't Sniff K, Daddy" by MP4)*

As described below, interspersed with MP4's commentary on the global consumer-oriented culture in which young people and their families find themselves living, reference is made to the typical method of using ketamine. The majority of respondents had some drug experience, with 95% having tried cannabis and 32% having had ice by the age of 16. Most had used ecstasy and ketamine for the first time at around 17 years of age (Table II).

Table II. Drug use characteristics.

Drug type	% Ever used	% Used in last year	% Used in last month	Age first used (median)
Ecstasy	91	73	35	17
Ketamine	86	69	45	17
Cannabis	91	73	41	16
Erimin	49	34	14	18
Ice	32	13	7	16
Cocaine	32	21	4	20

The typical pattern was to first try half of an ecstasy tablet, and after a few episodes to try ketamine just after the peak from ecstasy. The common method involves sharing a street packet of 0.2 g, wrapped in colored paper or a HK$20 banknote, with a small group of friends, with one person cutting portions with a credit or business card or straw and snorting one to two lines in VIP or semi-private rooms, the bathroom or discreetly at tables surrounding the dance floor. Another less common method among those who dislike snorting was to dissolve the line into an alcoholic beverage.

By the time the respondents first tried ketamine, it had already established itself in two ways: as a way to speed up and heightened the spiritual feeling from ecstasy and dancing, and as an affordable ''top up'' to redirect and shift the stimulant and euphoric effects of ecstasy. Based observations of their peers, they expected ''the reaction time'' and a shift in their high from shaking to the music on ecstasy to floating and flying on ketamine. According to users, while ecstasy takes effect after about 20 min, ketamine's effects are much more immediate. For many users, ketamine was initially tried to supplement or enhance the effects of ecstasy, rather than being used on its own, as described below:

> I: How did you start using ketamine?
>
> R: After using ecstasy, I had more courage to do things which I felt too shy normally, like I never danced and yelled in public. After, my mind became more open and the desire to dance was stronger . . . After using ecstasy five or six times, I tried ketamine at the disco with friends. At first I didn't like the bitter taste after snorting. But the reason I started using it with ecstasy was to speed up the time, using a straw would make it even faster (Angie, 28 years old).
>
> I: When did you start using ketamine?
>
> R: The first time was at a disco with my friend, after we had some ecstasy. We snorted it in the toilet. I saw people snorting heavy doses, but I told myself try only a little first . . .. I had one line. It was very bitter and felt strange. It made me feel faint, confused, like floating in the air. The floating feeling is like when you listen to music, you feel like you're physically oppressed, and when you dance, you feel you are releasing this oppression, it feels very pleasant. I will only use k after ecstasy because once I had only k at a rave and the feeling was just faint. I didn't get that feeling of oppression and that sensation of a release and floating that I felt before (Beth, 22 years old).

In these examples, ketamine is used in conjunction with ecstasy, and is oriented around improving or transforming the ecstasy experience. Beth highlights some of the unique experiences of ketamine, in particular the feelings of floating and release, which we see later, becomes a goal among continued users seeking a ''k ride,'' even in the absence of ecstasy.

Initial ketamine usage was not always positive for the respondents; some users report having drawn one too many lines during their first encounters, and had to take a ''time out.''

> I: What was your first experience like?
>
> R: The first few times I went to disco, I only used ecstasy. I am very happy, feeling relaxed, talking more. After three or four times, we went to the mainland and enjoyed ''playing'' there . . .. Then I tried ketamine, it was messier. We bought it there, and everything was gone in a sneeze. I just inhaled it, it really made my nose hurt. Later that week, I did it a second time, I felt my hands and legs lacking strength, but it made me want to swing more, but I couldn't walk. I had illusions, everything was three-dimensional. I couldn't control myself. I didn't know what I was thinking whenever I closed my eyes. The three-dimensional things walked and turned in my head. I wanted to lie down. My brain wouldn't stop. There were lights (Kay, 26 years old)

Although most respondents reported their initial ketamine use in the context of the dance scene with ecstasy, about 15% of them described their first experience in a park, karaoke lounge, other public setting or someone's home. For them, ketamine was not associated with ecstasy or the dance scene. Like their dance-going counterparts, they too were curious and fascinated by their peers' descriptions of its floating effects but preferred being in a familiar, less dense and noisy environment, in the company of a small group of friends.

For example, John acquired a substantial debt from gambling and frequenting karaoke bars, and hence rarely went to discos. When he was 14, friends told him about floating with ketamine:

> I: Tell me about your first experiences.
>
> R: Like when we drink and smoke cannabis, we were at the pier (secluded public area), I tried *k-jai* there. My friend introduced it to me. It was just like floating in the air, I mean I felt very free. At first, I felt dizzy. I couldn't stand, so I lay down. I closed my eyes but I felt my body moving. The group was doing this, lying on the ground, we weren't talking, resting for 2 or 3 h.
>
> I: You said you love ketamine, why?
>
> R: It is the funniest feeling, floating in the air . . . I didn't feel uncomfortable the first time, but later, my friends told me that if I drank Coca-cola, the feeling would be more intense. They nearly played me to death (laughs) . . .. After the Coca-cola, I fell down damn quick. I drank more and I began to vomit . . ..I couldn't stand, I found myself floating more and more. I just like floating to the sky (John, 17 years old).

Unlike most other respondents, Sue, 19 years of age, swore she'd never take ecstasy despite being a regular at discos and having used heroin, ice and various tranquilizers for several years. She feared that ecstasy would cause a ''hole in the brain,'' vividly remembering a scene in the local movie, ''King of *Fing Tao*'' in which a doctor examines an X-ray of an ecstasy user who had a developed a hole in their brain. Sue held no such fear with ketamine, hearing from friends about it's ''interesting'' effects, she decided to try it with a group of five friends: ''they had a packet and we snorted it . . . They put some in my hand with a card, and we just enjoyed sitting at my friend's house, listening to music . . .. I took it first when I was 16, but more often at 17.'' While Sue is unusual among the sample, in that she had not tried ecstasy, she shared a perception among some respondents that there are fewer serious health risks associated with ketamine than with ecstasy.

After these initial encounters, most respondents continued to use ketamine, motivated by what they describe as its ''winging'' or floating effects. While most users describe using it in a controlled manner, restricting use to a few lines each time, others have sought out the journey on the ''k ride'', a journey in which one is physically still but spiritually moving through time and space.

Continuation of use

> *Oh! I forgot to cut my Dad's line. He says he used to take coke. Ketamine is no big deal. Suddenly, Dad screams, 'aaaiya, something is stuck in my nose!" . . .. He says he sees all the things are so uneven and rough. The legs are flying and waving. The feeling is like being an angel. Finally, he's overdose. My dad is joyriding with K . . . (Lyrics from "Don't Sniff K, Daddy" by MP4)*

Despite ketamine's initial association with the local celebrity scene, its reputation in Hong Kong has come to be linked to working-class entertainment venues. MP4's reference to cocaine – a drug associated with high-end clubs – is in contrast to the ''k ride'' in middle- and low-end discos. Ketamine's distinctively working-class links are due to a number of factors including affordability and differential acceptance of ketamine-related behaviors in low- *versus* high-end venues.

Ketamine, like ecstasy, is highly accessible, easily purchased on or near the dance venue, and is relatively inexpensive. Unlike ecstasy, in Hong Kong, ketamine tends to have considerably higher levels of purity (averaging around 80%, whereas ecstasy purity can fall as low as 8%) (Hong Kong Government Laboratory 2006). It is also more likely to be shared with a small group of friends. An ecstasy tablet may be halved with another person, depending on purity levels and length of use. Users report that ketamine is the ''poor man's version of cocaine,'' as the average retail price has ranged from US$22 to US$42 per gram over the past 6 years with a current retail price of US$19 per gram. Street packets cost about US$10–$12. Cocaine's average retail price has dropped over the past decade, but remains more expensive than ketamine, from US$147 per gram in 2000 to US$101 in 2006.

The majority of users who use either once or twice per month or on the weekends (about four times a month) have found ketamine an affordable and accessible option to supplement the high and continue dancing, controlling their use to a few lines during the night. From time to time, these users also report wanting to take ''time out'' from dancing, and with a few additional lines of ketamine, they can sit, observe and float without being scrutinized as others dance.

As described elsewhere (Joe-Laidler et al. 2006), these groups of users neither perceive ketamine to be addictive nor to have long-term harmful effects. Ketamine's more favorable reputation than ecstasy among some users in terms of health risks may be related to the latter's low purity levels and the associated problems of adulterants like methamphetamine, or the negative public portrayals of ecstasy. The immediate problems of nausea and vomiting are typically described as temporary and do not detract from the ketamine experience. Irritation to the nasal passages is sometimes dealt with by dissolving the powder into drinks. Many also report melting Erimin or *ng jai* (colloquial) (a long-acting benzoadizepine medically prescribed for stress and insomnia) under the tongue, (46%) to counter balance the dizziness and confusion that can arise when combining ketamine with alcohol.

Ketamine's link to working-class venues is also related to those young persons searching for the ''k ride.'' While blackouts and physical and cognitive impairment are not encouraged in low-end discos, respondents describe witnessing or experiencing such states in these venues with few repercussions. Those on the ''k ride'' are watched over, cared for by friends or escorted out. However, this is neither tolerated at upscale dance clubs nor considered by the professionals in our sample to be acceptable public behavior (see Joe-Laidler et al. 2006).

About 10% of the respondents described the ''k-ride'' experience as exhilarating and frightening.

> I: What was the high you experienced with k?
>
> R: After I became more experienced with ecstasy, I started snorting k. The first time I had a line, it was fine. Then the second time, I took a few more snorts. I couldn't stand so I laid my head down. I was really dizzy. It was the most amazing time . . . have you heard of 'taking a ketamine ride,' it feels like joyriding. The whole body quiets down . . .. I saw those people following the music . . . I saw the people, the lines, curving, popping up. But at the same time I was scared, how come I couldn't move . . .. I couldn't control myself. I was in deep trouble. Tears ran down . . . I was really scared. I couldn't say anything. Since that time, I had gone unconscious several times.

> My most memorable experience was with my friends, we had some as a group and people around me kept spooning it to me . . . After that, I went out to the stage and danced, but I found I couldn't control myself. I just stopped there with my opened eyes. I saw people in stripes. When the music was low, everything seemed to be shaking. I asked my friends to take me back to sit . . . I wanted to move but I couldn't. I wanted to hold my hand up but I couldn't . . . I called to my friend in a weak voice. My eyes had already turned over by the time he came . . . I went to vomit, but when I came back, I must have fallen asleep, I don't know what happened, but I had an amazing experience, I came back to the world, I came back to Hong Kong. I don't know if I nearly died or if it was a rebirth but I understand the feeling of what it is like near death (Kai, 23 years old).

For this respondent, like others, despite the description of frightening (''near death'') experiences from ketamine, the over-riding sense is that the experience is unmatchable: ''amazing.''

Beyond price and the greater acceptance of users on k-rides within lower-end establishments, one of the most important factors in the ketamine's popularity appears to stem from its shift away from just being associated with the dance scene to its use in a much broader array of entertainment and leisure contexts. Ketamine use is extending beyond the boundaries of the dance scene, becoming popular at karaoke lounges where small groups of friends gather in private rooms to sing and enjoy music, and in other settings including restaurants, school, ma-jong parlors, work, parks, shopping malls and at home. Thus ketamine is used in settings that may be more accessible to many working-class people than expensive discos and clubs. Importantly, they do not use ecstasy in these other settings because the stimulant ''head shaking'' effect of this drug, they believe, is inappropriate and inconsistent with those environments, and would draw unwanted attention. Unlike many other regions, in Hong Kong ketamine can be used, and is socially acceptable, in many more places than is ecstasy. From the respondents' perspective, ketamine allows them to ''free float or wing,'' become ''vague,'' ''blurry,'' in a state of confusion, and if continuously snorted during the course of a session, it may make them physically immobile. Ketamine was presented by our respondents as more compatible with relaxing or transcending the stress, conflict or boredom of everyday life.

> I: When do you use ketamine?
>
> R: I get annoyed at discos because of the noisy environment. The music is loud. In the disco with heavy music beats, you have to dance and move a lot to enjoy being there. But in karaoke and at home, it's leisure, you snort K, listen to music, indulge in the K feeling, read a magazine, although you don't know what you're reading, you can still enjoy it. You indulge in the state and are secluded. You feel so free (Kitty, 23 years old).

Here ketamine is associated not simply with a night-out but also with leisure more generally. This respondent echoes a common theme: the ability of ketamine to make one feel free. The loss of control, the loss of even the ability to move, is (seemingly paradoxically) connected by our respondents to a sense of freedom.

Conclusion

As Sanders' (2006) recent collection indicates, ecstasy remains very much embedded in the global dance scene. Moreover, users around the world have been experimenting and making cocktails with other drugs associated with the dance scene, including nonprescription drugs,

hallucinogens, cocaine and crystal methamphetamine (Sanders 2006). Based on studies thus far, the types of drugs used and the meanings users' attach to them, other than ecstasy, in the dance party scene varies from place to place and among different social groups and classes.

This appears to be the case from our comparative study of reported club drug use in San Francisco, Rotterdam and Hong Kong. Although ecstasy use in dance party settings is common across all three sites, Hong Kong appears to be the only one in which ketamine has dominated the scene. This raises the question as to why ketamine has become embedded in Hong Kong's dance drug scene and spilled over into other sites of leisure and school life but, in our other locales it remains a drug of experimentation or infrequent use in private quiet settings?

There are a number of possible reasons for this. The proliferation and range of venues, even across the border on the mainland, has made the scene accessible to a broad range of young persons and groups from different social classes, particularly those from the working class. In discos catering to working-class youth, ketamine has been readily accessible in terms of supply and cost, easily shared among a group of friends and results in a stimulating yet liberating experience beyond that of ecstasy. Moreover, most weekend and occasional users do not view it as addictive when used in small amounts, although those searching for the ketamine ride report feelings of psychological tolerance and dependence. Irrespective of the level of use, the disassociative behaviors associated with ketamine are socially tolerated in Hong Kong dance settings, particularly at lower-end establishments. By contrast, the ''nodding'' and furtiveness from working-class heroin users has long been stigmatized across social classes and groups in Hong Kong.

Ketamine's popularity, which has only increased since we conducted our interviews, may also be due to its ability to transcend the boredom and stress experienced by working-class young persons, allowing them to temporarily ''float'' and to feel ''free'' in a variety of social spaces. In a society in which freedom may be increasingly elusive, ketamine's liberating qualities may be particularly attractive. Ecstasy, as users themselves report, is intimately tied to the dance scene and has not been deemed as appropriate outside of that context. By contrast, ketamine, in small measured quantities, can carry the stimulant dance effect to another level where the body feels even freer as it flies. Some users, however, begin to tire out on the dance floor and as part of their ''time out,'' sit down for the float. It does not necessarily stir one to want to dance. But instead, in the right conditions, can take one on a journey, sometimes, spiritual, sometimes not, no matter where one might physically be. One can, simultaneously, be here and there.

Ketamine's presence in Hong Kong is also a reflection of the local drug market. Prior to the emergence of ecstasy, heroin dominated the market for over five decades. Cocaine has always been too costly, a drug affordable only by the affluent. Hallucinogens have never appeared in any noticeable amounts despite their popularity abroad during different periods. The demand for crystal methamphetamine has been largely among the working class, but for a variety of reasons explored elsewhere (Joe-Laidler et al. 2001), its use has remained relatively low. Ecstasy, although still very much a part of the dance scene, has developed a mixed reputation with a high level of adulteration. And by contrast, the cost of ketamine and its greater purity, has provided users with a more consistent and reliable experience.

Finally, the prominence of ketamine in Hong Kong in comparison with San Francisco and Rotterdam may also, at least in the case of San Francisco, be related to the central position of ecstasy in the rave scene and the history of raves on the West coast (Beck and Rosenbaum 1994). Its use is associated with notions of communality, spirituality and alternative lifestyles (St John 2004). This particular cultural thread is absent in Hong Kong.

The differences that exist in youthful drug cultures in different places in the world and the different meanings that are attached to drug use emphasize the importance of conducting more cross-national qualitative research. By focusing solely on drug use within single cultures, researchers may miss an important opportunity to examine the extent to which local adaptations in drug using preferences and practices exist.

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Note

1. *Fing tao* literally translates as "head shaking." *Fing tao yuen* or *E-jai are* colloquial references for ecstasy pills. Colloquial terms for ketamine are *kai-jai* or *k*.

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