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''It's the most fun you can have for twenty quid'': Motivations, Consequences and Meanings of British Ketamine Use

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Abstract
Whilst ketamine use in clubbing contexts has recently been the focus of British media attention, little quantitative or qualitative data is available on its use amongst those young people participating in Britain's contemporary post-rave electronic dance music (EDM) 'scenes' as clubbers. Drawing on data from in-depth semi-structured interviews conducted with 12 current regular ketamine users, this article explores user accounts of their motivations for taking ketamine within EDM clubbing contexts, the consequences (both positive and negative) of use and the broader meanings of use. Each issue is considered in relation to two key emergent themes: 'intensity' and 'sociability' in the drug experience. Participants attempted to optimise the possibility of pleasurable intoxication. This primarily involved participants controlling the quantity, quality and frequency of dose, along with various aspects of the setting of their use, in the hope of producing their individual favoured level of intensity and level of sociability during the ketamine experience. Relatedly, participants drew on discourses of uncontrolled hedonism, compulsion, 'inappropriate to occasion' and 'inappropriate for purpose' usage to make sense of negative consequences and to firmly position themselves as 'sensible' 'recreational' users in light of conflicting, largely negative meanings of ketamine produced by other (non-ketamine using) clubbers, the media and 'official' responses to use. The article concludes by considering how pleasure is understood and acquired by participants through a pleasure nexus of intersecting axes of intensity and sociability, with users attempting to manage their own intoxication in accordance with individual preferences and previous experiences.

Keywords: *Ketamine, intoxication, intensity, sociability, pleasure, pleasure nexus*

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British ketamine use: Prevalence and criminalisation

Little is known about the prevalence of ketamine use in the UK. The British Crime Survey (BCS) began monitoring ketamine use in 2006/2007, only after the drug was made a Class C substance in 2006 through an amendment to the Misuse of Drugs Act 1971. To date, the BCS figures for the proportion of 16–59 year olds reporting having used ketamine in the past year stood at 0.3% (Nicholas et al. 2007:43), whilst the proportion of 16–24 year olds reporting having used ketamine in the past year stood at 0.8% (2007:44). In the most recent Drugscope report (2007) from 80 drugs services in 20 UK towns and cities, ketamine was included in the list of seven key drugs on sale. Further survey evidence attests to the growing use of ketamine in leisure contexts in the UK (see Measham et al. 2001; Copeland and Dillon 2005; Drugscope 2005), particularly amongst 'clubbers', that is elective forms of identity groupings of people committed to 'post-rave' electronic dance music (hereafter EDM) cultures (Moore 2004; Hodkinson 2005). A British dance music magazine's annual drugs survey of its readership also indicates significant ketamine usage amongst clubbers. In 2000, a survey of its readers by *Mixmag* reported a lifetime prevalence rate for ketamine of 29% (*Mixmag 2001*). The self-reported lifetime prevalence of ketamine amongst *Mixmag* readers for 2004 was 43%, with 17% having had ketamine in the past month (*Mixmag 2005*).

The Independent Drug Monitoring Unit found that the mean age of initiation into ketamine use was 22 years of age (2002). More recently, the aforementioned dance music magazine *Mixmag* concurred, finding the self-reported average age of initiation for ketamine amongst its readership was 22, compared to 19 for ecstasy, and 20 for cocaine powder (*Mixmag 2005*), suggesting that it is those slightly older, sometimes more experienced clubbers who are more likely to add ketamine to their existing polydrug repertoires. Indeed the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) maintains that a range of social factors may increase the probability of ketamine consumption. These include ''the existence of a large market of long term ecstasy users seeking new drug experiences, a rather trend setting image and a low price'' (EMCDDA 2000:7). Despite a possible increase in ketamine consumption in the context of the UK's EDM club cultures, we suggest that claims in the British press (see *The Guardian 2005*) that ketamine will supersede ecstasy as clubbers' main club drug of choice are unlikely to come to fruition, with ketamine instead forming just one ingredient in polydrug repertoires, which may also incorporate alcohol, cannabis, cocaine powder, ecstasy in pill, powder and crystal form, amphetamine (most usually amphetamine sulphate but also increasingly methamphetamine) and other less prevalent drugs such as GHB and LSD.

In 2002, illicit ketamine use came under scrutiny when the EMCDDA published a risk assessment report on its production, supply and consumption across Europe. The report concluded that whilst the situation across Europe with regards to ketamine needed further monitoring, ''the sociological evidence suggests that it is unlikely that ketamine will compete with ecstasy as a drug of widespread diffusion'' (2002:88). Despite such evidence that ketamine use was confined to a niche market and remained relatively unproblematic in terms of serious health, crime or social implications, the UK government began the process of criminalisation. In Spring 2004, the ACMD published a technical report on ketamine recommending that, based on their assessment of the risks, ketamine should be controlled under the Misuse of Drugs Act 1971 as a Class C substance (ACMD 2004:9). In autumn 2005, a Home Office consultation took place, and the majority view from medical and criminal justice authorities was that ketamine should be classified as a controlled drug under the Misuse of Drugs Act 1971, although both Transform (2005) and Release (2005)

recommended that the substance should not be classified so as not to criminalise users. On 1 January 2006, ketamine became a Class C substance.

Researching clubbers' ketamine use

It is in within this changing regulatory context that our exploration of British ketamine use is situated. We commenced our study in the summer of 2005,[1] 6 months before the change in the legal status of ketamine in January 2006, to exploit a rare opportunity to undertake research with users at the point at which the criminalisation of their behaviour was occurring, and to provide a micro-analysis of the processes and outcomes of prohibition. This acts as a valuable point of comparison with most psychoactive substances known as 'club drugs',[2] such as MDMA, cocaine powder and amphetamines, which were already prohibited under the Misuse of Drugs Act 1971 many years before contemporary users first began their own use.

The data presented in this article therefore represent part of a larger, ongoing study into young people's legal and illegal drug use in a variety of British EDM club settings. This larger study includes two online surveys,[3] *in situ* surveys and observational work in EDM clubs, as well as interviews with self-defined current regular ketamine users discussed here.[4]

Access to interviewees was enabled through the authors' 'partial insider status' (Bennett 2003; Hodkinson 2005) in relation to EDM cultures (see Measham and Moore 2006). Here we emphasise the 'partiality' of our 'insider status' given that British EDM cultures are characterised by musical and stylistic heterogeneity (Thornton 1995), with differences in drug consumption related to dance music genre preferences (Forsyth et al. 1997; Pederson and Skrondal 1999), and stratified by region, socio-economic class, age, gender, ethnicity and sexuality (Henderson 1999; Measham et al 2001; Pini 2001; Moore 2003). The enormous diversity of EDM cultures (and related researchers' status and position within club research) is evident in the differences between research participants' accounts of ketamine use presented elsewhere in this volume.

The implications of partial insider status and the co-production of 'knowledge' between researcher and researched has been a principal concern throughout the process of our undertaking work on ketamine. This includes a consideration of the role of researcher proximity to (or distance from) participants in relation to research ethics, design, access, interview conduct and rapport, analysis and dissemination. The interview schedule for example was co-developed with current regular ketamine users, and subsequently finalised with an emphasis on offering space to interviewees to explore their own understandings of the motivations, meanings and consequences of ketamine use and related behaviours. Interviews produced a combination of detailed quantitative and qualitative data in eight key areas: music preference and club attendance; legal and illegal drug use; typical and last occasion ketamine use including procurement of ketamine; details of interviewee experiences before, during and after consuming the drug; the K-hole; ketamine and the law; ketamine and health; and discussion of the interview process (in relation to 'insider/outsider' issues).

A peer-referral sample was used to recruit interviewees. Initial contact was made with clubbers known to the authors in order to recruit participants, and in turn, each participant was asked if they could recommend another possible participant. In keeping with our call for greater reflexivity in club/drug studies (Measham and Moore 2006), we suggest that without this initial point of access to ketamine users, the process of undertaking this research, whilst

not impossible, may have been hampered by access difficulties (for a discussion of the problems of snowball sampling for older adult drug users see Waters 2008). In-club recruitment for example was attempted on a number of occasions, although initial enthusiasm for participation did not always continue outside of clubbing spaces.

Ten in-depth semi-structured interviews lasting between 60 and 90 min were undertaken. Participants were all either in employment, or were university students. Respondents ranged in age from 18 to 32 years of age, four were female and eight were male. Two joint interviews were undertaken as two female participants requested to be interviewed together (meaning that overall, 12 individuals were interviewed across 10 interview occasions). The interview data were transcribed and organised in terms of the eight key areas highlighted above, with user accounts of their motivations for taking ketamine, the consequences (both positive and negative) of use and the broader meanings of use each considered in relation to two key emergent themes: 'intensity' and 'sociability' in the drug experience.

Accounting for clubbers' ketamine use

'Having fun' and experiencing pleasure from ketamine intoxication were constructed as key motivations for consumption of the drug within interviewee accounts, confirming previous studies of both club drug use (e.g. Measham et al 2001; Hunt et al. 2007) and drinking (Parker et al. 1998; Leigh and Lee 2008). Unlike some other club drugs, however, the emphasis of ketamine users was on the distinctly ''playful'' effects of ketamine, leading users to feel ''in a happy bouncy mood'' and frequently ''childlike'' in state. Within user accounts of the pleasures of ketamine as distinct from other club drugs, the importance of the level of 'intensity' of the ketamine experience was also emphasised: for some individuals their pleasure was enhanced by being only very mildly intoxicated, for others this pleasure resulted from a more 'intense' level of intoxication, and for others their pleasure came from vacillating between these more and less 'intense' states. In addition, users related their pleasure to the level of 'sociability' (or otherwise) possible when intoxicated, with user accounts in general structuring more 'intense' experiences as less sociable and milder intoxication allowing greater sociability. Individuals varied, however, in their assessment of which of these was a more desirable and/or positive outcome for them, as discussed below.

Ketamine intoxication: 'intensity' and 'sociability' of experience

Both Tom,[5] a 21-year-old student and Chaz, a 30-year-old in employment, spoke of the pleasure to be gained from ketamine consumption in terms of their perceived ability to control its pharmacological effects (due to its relatively short lasting effects) in contrast to other psychoactive drugs, particularly psychedelics or hallucinogens:

> Interviewer: ''What do you particularly like about taking ketamine?''
> Tom: ''I find it fun'' (laughs)
> Interviewer: ''Everyone says 'it's fun'.''
> Tom: ''I think that's the main reason, it's a good laugh, it's not too intense either and you can control it, like with other psychedelic drugs you can take them, you're gone, it's controlling you for that many hours, but you can control ketamine, but you still get the fun of it. I find you don't get worried because you know it's going to be over if it gets too intense, it's not too long.''
> Interviewer: ''What to you particularly like about taking ketamine?''

> Chaz: ''It's a laugh, a funny experience, a strange experience. What I like about it is that it doesn't last very long. I liked taking acid but it always went on for too long.''

The perceived mildness of 'intensity' and short duration of ketamine intoxication is constructed in both these interviewee accounts as a positive aspect of the drug. For other users by contrast, 'intense' experiences of ketamine intoxication were constructed as pleasurable, and as 'effects' to be sought out. Sam, a 21-year-old student, says:

> ''Sometimes I do ket with the full intention of getting high, to be fucked and to have an out of body experience.''

Other interviewees described the variability of the 'intensity' of the drug as being linked to the setting of their consumption, with a preference for less intense intoxication when in the presence of others, as Carl, a 24-year-old postgraduate student, describes:

> Interviewer: ''What do you think about the idea of taking ketamine in a club?''
> Carl: ''It's a completely different experience because if you're in a club with loads of different people, it's a lot crazier, the floor feels really bouncy. If you're back in the flat it's cool that the floor feels bouncy, but when you're in the club, there's loads of other people around. You do see people doing it but I choose now to do it at home.''

Other interviewees related the experience of ketamine intoxication directly to the 'intensity' of the consumption setting itself. Andrew, a 24 year old in employment, describes how he finds in-club ketamine intoxication too intense given his perception of clubbing contexts as intense in themselves, as this excerpt demonstrates:

> Interviewer: ''What was it about doing it in clubs that was a bit like 'ugh'?'' (interviewer referring to earlier comment)
> Andrew: ''I don't know, it's hard to take ketamine in clubs because it's an intense atmosphere, dance clubs, because usually it's so overpowering, because most people in the club are on ecstasy, and it is very intense and I can't take intense things when I am on ket.''
> Interviewer: ''So, generally speaking, what do you think about the idea of taking ketamine in a club, not so much your experience, but other people taking it?''
> Andrew: ''I don't think it's such a good idea. With pills you're fucked but at least you can interact with people. You can interact with people on ket but it's a bit of a random thing, not like conversation or anything, you don't have any proper conversations. So I don't think it's such a good idea, but some people do like it. (pauses) I think pills are *the* club drugs in my opinion.'' (Respondent's emphasis)

Here Andrew deploys the perceived sociability of ecstasy intoxication (a widely acknowledged attribute of MDMA-based pills) to position ketamine intoxication as comparatively too intense and too unsociable in the club setting, by disrupting attempts at ''proper conversation'' for example. In contrast, other users spoke of the sharing of ketamine experiences with those around them, in the form of mutually pleasurable moments enhanced by the (perceived) mild hallucinatory capacity of the drug. Users also garnered enjoyment from moving between more 'sociable' states of ketamine intoxication and more 'asocial' states of 'mental journeying':

> ''It's just brilliant; it's the perfect way to end the night. It totally relaxes you. On the ket you can have your chat and everyone has a laugh because you're just so confused. One person is talking about something. You'll be off wandering in your head. It constantly keeps your mind entertained'' (Bob, age 22, employed).

Variations in participants' accounts of their motivations for using ketamine attest to the complexities of articulating the pleasures of intoxication, from the sociable pleasures of mild ketamine intoxication in after-hours EDM clubs[6] resulting from a small dose or 'bump' of ketamine; to the ''semi-social''[7] pleasures of shared ketamine intoxication at post-club chill-out parties, to the less ostensibly social or even 'asocial' pleasures of intense ketamine intoxication, whereby the user may be said to experience a form of individualised 'inner journey' (whether or not in the physical company of other people). Thus, the possibility of pleasure from ketamine intoxication was linked by participants to strategies for the management of both the level of intensity and the level of sociability (or otherwise) of the experience. We now expand our analysis to look at how user accounts of pleasure as a principal motivation for consuming ketamine engaged with the possibility of unpleasurable, negative drug experiences.

Ketamine intoxication and control: Context, dose and the K-hole experience

Within participants' accounts, pleasure, enjoyment and fun were articulated as key motivations for the consumption of ketamine. However, users also described negative consequences (aside from the oft-mentioned unpleasant sensation of taking ketamine intransally) of their ketamine consumption. Again, intensity and sociability featured in user accounts of their negative experiences, most usually taking the form of overly 'intense' experiences which rendered users too 'asocial'. Such negative experiences of intoxication clearly disrupted users' accounts of pleasure as the principal motivator for ketamine use and so had to be 'explained' by users in order for their accounts of positive ketamine experiences to remain viable.

Negative experiences from ketamine intoxication typically took the form of a sense of frustration at 'failed' inter-personal encounters, highlighting the importance for users of feeling able to control their own bodies and the interactions of their (intoxicated) bodies with those around them. In this sense, negative experiences were often accounted for not in terms of ketamine intoxication alone, but from 'errors of judgement' in the interaction between drug use and the immediate environment at a particular moment in time. For example, Tom, a 22-year-old student, locates the source of his occasional negative ketamine experiences in his inability to correctly control his own intake, resulting in a shift from a desired state of sociability to an unwelcome, less sociable state:

> Tom: ''Sometimes I think you can be too far gone, and you'd rather be able to chat. There had been times when I've been too far gone, but then I suppose that's down to control and down to yourself. There have been cases when I've been on ketamine and I wish I wasn't. It's a bit frustrating, but I wouldn't say I've disliked it at any point.''

For all of our interviewees, the desire to control the effects of ketamine shaped their pleasure-maximisation and harm-minimisation activities (see also Moore & Measham 2006). Within user accounts, consumption context surfaced as a key point of control relating to both the intensity and sociability of the drug experience. Context management activities differed between participants, ranging from avoiding consuming ketamine in clubs as previously discussed and only consuming ketamine at chill-out parties in the presence of friends, to ensuring background music was sufficiently uplifting and lighting sufficiently mellow so as not to precipitate a negative experience on ketamine. Some users, for example, reported aural effects from ketamine which meant that music could be perceived as unpleasant to listen to, sounding ''tinny and nasty'' (Carl, 24-year-old student).

Drug dose also emerged from our interviews as a key point of control, which users associated with the possibility of both positive and negative consequences of their ketamine use. The practice of users consuming relatively small 'test-lines' to determine the strength of their particular batch of ketamine can be framed as a lay harm-minimisation activity (more prevalent when snorting ketamine than other drugs such as cocaine powder), whereby perceived 'unpleasurable' experiences of being ''too far gone'' (Tom, above) are avoided by controlling ketamine consumption in the context of the varying strength of, and user tolerance towards, the drug. Similarly to maximise the possibility of gaining pleasure from ketamine consumption, the perceived risk of co-drugging with alcohol was minimised through intake regulation, predominately of the latter. This activity was described by interviewees with reference to previous unpleasant incidents that had occurred when the two drugs had been co-consumed, incidents predominately framed as one-off, aberrant events that ''taught us a lesson'' and that they ''wouldn't repeat in a hurry. We spent the whole evening being sick'' (Chaz, 30 years of age, employed male).

Other drug dose control or intake regulation strategies to render the amount of ketamine consumed more predictable were spoken about at length by all our interviewees, as exemplified by the following exchange between the interviewer and Amy and Cassie, two women aged 22 years, both employed:

> Interviewer: ''So say you've shared it out and you do your line, do you get anyone to check your line at all? Or do you have an idea for yourself?''
> Amy: ''I certainly don't get my friends to check, they're like 'Get yourself a bigger one'!''
> Cassie: ''I never let them do it for me, I've done that before, when they've got a key out.''
> Amy: ''Never have a big full line, just a bit at a time.''
> Cassie: ''Just know in my own head.''
> Interviewer: ''So you do it by key, rather than lines?''
> Amy: ''Yeah''

Discussion of the 'K-hole' within our interviewees' accounts was the clearest example of the contested space between perceived positive and negative consequences of ketamine consumption in relation to more or less 'intense' and 'sociable' states of intoxication, with strategies of dose control and context control being articulated as paramount to user concerns. Being asked to describe the K-hole prompted interviewees to discuss aforementioned strategies for intake regulation in that the outcome of taking 'too much' ketamine was primarily constructed as 'involuntary' entry into a K-hole, and/or a K-hole experience perceived as more intense than the level of intensity desired by the user.

For some interviewees the K-hole was described as a loss of control characterised by the user feeling 'stuck in a loop' of unpleasant mental repetition of an image, idea or conversation, the experience of which, and escape from which, the user found uncertain. Amy and Cassie (as above) attempt to decipher this phenomenon:

> Amy: ''Something bad happened once, something bad happened in the night, something was going on, on the telly in the background, but I heard afterwards, something happened again and I was trying to explain to you.''
> Cassie: ''I remember you trying to explain something.''
> Amy: ''If that happened tonight, yeah, yeah because I'm sure that's happened and things kept happening, did that go on in my head? And you keep having that same conversation . . . ''
> Interviewer: ''The same conversation over and over again?''
> Amy: ''Looping your brain, you keep coming back round.''

Focusing on desired levels of sociability, the K-hole was also constructed in some user accounts as an asocial loss of control over the body and simultaneously an internal, involuntary place from which the 'self' is unable to escape, as Bob, a 22-year-old employed male, conveys:

> Interviewer: ''So what does a K-hole mean to you?''
> Bob: ''. . . I've been into a Ket hole and I just sank into the chair. It went black and I can't get out of the black, and apparently I've just been sat there, and people have been giving me brews (cups of tea) and no feeling of heat, nothing, you can't remember what's happening. But inside your head it's working, out there it's black, time takes for ever and ever. You just feel like you're there and there's no way out, you get scared at . . . it's like . . . ahhh, what's going on? It's fear, it gets you scared. With certain drugs you know if you chill out for a second, you can get your head level again, you're ready to kick off, do whatever. But when you're in a Ket hole, you're stuck there, into the hole, until it releases you. That's why they call ketamine 'Regretamine'.''

Ketamine consumption can entail, then, not solely a 'controlled loss of control' (Measham 2002) or 'bounded consumption' (Measham and Brain 2005; Szmigin et al. in press) characteristic of much alcohol and club drug use, but potentially a form of uncontrolled loss of the 'self'. For some users the K-hole was framed as too intense and distressingly asocial, resulting in considerable anxiety, embarrassment and feelings of regret if entered into unwittingly. However, for those interviewees who self-identified as experienced ketamine users, the K-hole represented a psychological 'journey', a 'place' or an intense or uncontrollable state of intoxication to be actively sought out. Yet even for these experienced 'psychonauts' (see Newcombe, this volume) who enjoyed the asocial intensity of the K-hole, they also appreciated the pleasures of both being able to control entry into and out of the K-hole, and once the peak effects had worn off, the relative sociability of the post K-hole state. Claire, a 24-year-old employed female, described this contrast between the asocial pleasures of the K-hole and the sociable pleasures of the post K-hole ketamine experience:

> ''I like the feeling of not being with it, it's just funny, it is funny, just being a bit weird, going on little journeys, adventures, *being completely not with it just for a bit* and then you know you're gradually going to come out of it. You can have a laugh at what you've just done, and where you've just been, and you can do it again if you want, or just stay as you are. That's what I like.'' (our emphasis).

Claire emphasised the particular pleasures derived from regulated ketamine consumption in a specific social setting, that of the chill-out party. The 'chill-out' or 'all-back-to-mine' phenomenon (Jackson 2004) in post-club spaces is a well-recognised feature of clubbing in the UK and beyond. Our research, in keeping with findings from other club research, found that this chill-out stage of the night is relished as a chance to relax, interact with friends and newly made acquaintances, and consume more psychoactive substances, highlighting well-documented co-drugging or polydrugging patterns (Malbon 1999; Measham et al 2001; Jackson 2004), with ketamine becoming another substance which clubbers have added to their polydrug repertoires. For the clubbers in our interviews, the appeal of ketamine was very much tied to the idea of creating a 'bonus stage' to the evening's activities; a way to extend the clubbing experience through what is termed by some clubbers a 'ketamine session'. Within interviewee accounts, ketamine sessions were represented as a stage of the night in which users were 'coming down' from the effects of ecstasy (although some users did continue to consume ecstasy alongside ketamine) but had yet to move on to the next stage of chill-out consumption, the use of 'downers' or depressant drugs such as cannabis or

alcohol, thus creating a bonus or buffer stage between clubbing and chill-out stages. As Amy and Cassie describe:

> Amy: ''It (ketamine) carries on the night, not really to chill out.''
> Cassie: ''I can understand it does chill you out slightly but it makes me very awake. It doesn't chill you out enough to make you go to bed.''

It would also seem that part of the reason for the growing role of ketamine in chill-out settings relates specifically to its pharmacological effects, alongside its apparent complimentary relationship with ecstasy, as highlighted by all our interviewees. Ketamine impacts upon the user's perception of time. For Chaz, a 30 year old in employment, the drug's impact on his sense of time on one consumption occasion was profound:

> Chaz: ''In the journey home it seemed like we were going really far because the ket seemed to slow time down because we'd gone no distance at all, it seemed to slow it down. Not even that, time didn't matter, not speeding up or slowing down, it just wasn't there.''

Users may have the impression that they have been 'on' ketamine for hours when in fact only half an hour has passed – and so pharmacologically the drug supports young people's desire to expand and extend their leisure time.[8] Thus, the management of ketamine consumption contexts is related more generally to the strategic maximisation of pleasure that EDM clubbers pursue.

Contested meanings of ketamine

As discussed above, within our participants' accounts, strategies of 'control' emerged as key to the articulation of pleasure maximisation and harm minimisation, in terms of dose and consumption context and the management of the K-hole experience. Participants spoke of their sometimes successful and sometimes unsuccessful attempts to manage the 'intensity' and 'sociability' of ketamine intoxication, with pleasure from intoxication working as a key motivation for use. We suggest that it is helpful to locate both user accounts of their motivations for taking ketamine and the consequences of their use within the broader context of the symbolic framing of ketamine as 'problematic' by other (non-ketamine using) clubbers, the media and 'official' responses to use, such as the recent change to the substance's legal status in the UK.

Ketamine, as with other club drugs (Manderson 1995; Jenkins 1999), is a highly contested substance amongst those participating in EDM cultures in the UK, as well as within ''the dominant symbolic frameworks that are deployed in society to 'place' or 'make sense' of illicit drug consumption'' (Manning 2007:16). The problematising of ketamine is perhaps most apparent in mainstream media representations of the drug which are predominately negative in tone (see *The Guardian 2005*, *2005a*).[9]

All our interviewees were keenly aware of conflicting representations of ketamine use produced by other clubbers, the media and 'official' responses to use, but deployed their own and others' experiential 'knowledge' to challenge and re-work such meanings, creating 'counter-discourses' (Southgate and Hopwood 1999) both in terms of the drug itself – re-constructing ketamine as a relatively 'safe' substance for example – and of themselves as 'sensible' users with 'insider' knowledge of the drug, within the broader context of the ''normalisation of sensible recreational drug use'' (Parker et al. 2002). Some interviewees

were less successful in the creation of an 'insider's view' (Becker 1973:78) of the drug than others. These interviewees were typically those who had been consuming ketamine over a shorter period of time, and whose friends were not (predominantly) regular ketamine users, with some concealing their ketamine use even from their club drug using friends, as Amy and Cassie, both in employment and both aged 22 years, convey:

> Cassie: ''I was talking to my fella about it last night, it is embarrassing, cos people that don't understand it are like 'that is a horse tranquiliser'. It's like someone starting taking dog worming tablets, why would you do that, some people are just like 'why'?''
> Amy: ''I know people that take pills that don't like the thought of us doing it, do they?''
> Cassie: ''No.''
> Amy: ''And we keep it from them, don't we?'' (laughs)

Whilst within some accounts ketamine was framed (as above) in terms of being 'inappropriate for purpose' i.e. not for human consumption due to its links with veterinary science (''only for fools and horses''), other participants maintained they perceived ketamine to be safer than other club drugs, notably ecstasy and cocaine, specifically because of its use in paediatric medicine (''if it's good enough for children''). Such counter-discourses of 'safe, sensible and pleasurable' ketamine use, and of mentally and physically robust illicit drug users serve to challenge pathology discourses (O'Malley and Mugford 1991), which construct illicit drug use as destructive to health and happiness, as inherently abnormal, and as signalling a deficiency in personality or social position.

Amongst older and more experienced clubbers in British EDM cultures, the seeking out of 'edge' experiences (Lyng 2004) – the pursuit of pleasure through potentially risky activities and the consumption of risk through the consumption of drugs (Reith 2004) – may be linked to maintaining and extending clubbing identities (Jackson 2004; Manning 2007). 'Edge' experiences through 'extreme' ketamine intoxication such as the K-hole are contested within EDM cultures, challenging as they do notions of 'sensible' use and harm-minimisation discourses within these cultures, but were for the most part acknowledged amongst our research participants as experiences which some clubbers enjoy, including on occasion themselves. However, certain forms of ketamine consumption – administered intravenously, and/or taken 'habitually' outside of clubbing times/spaces – were represented as being highly problematic, that is 'inappropriate for purpose' and 'inappropriate for occasion'. Given that all our interviewees administered ketamine intranasally, and given popular and medical discourses of intravenous drug users (IDUs) as necessarily problematic (e.g. Plumridge and Chetwynd 1999; McElrath and McEvoy 2001), alongside evidence of certain IDUs experiencing problems with ketamine, it is perhaps not surprising that our interviewees defined injection of ketamine as profoundly inappropriate for their 'recreational' pursuit of pleasurable intoxication, as this exchange with Cassie, one of our female joint interviewees, demonstrates:

> Interviewer: ''So the last time you took ketamine, how much did you take?''
> Amy: ''Probably about a third of a gram.''
> Interviewer: ''And how did you take it?''
> Amy: ''Snorted it.''
> Cassie: ''Can you inject it?''
> Interviewer: ''Yes you can.''
> Cassie: ''Do people do that?''
> Interviewer: ''I don't know, I guess this is what we're trying to find out.''
> Cassie: ''Injecting it would be in liquid form, and that's for knocking out horses.''

A distinction is made here between ketamine powder for human ('recreational') consumption and ketamine in injectable form for veterinary use and therefore constructed as 'inappropriate for purpose'. Interviewees drew on aforementioned pathology discourses to distance themselves from such patterns of ketamine use and 'types' of users. 'Inappropriate for occasion' stories were also exchanged with the interviewers about ketamine use outside of the usual clubbing times and spaces. Carl, a 24-year-old student, spoke with concern about his friend who had used ketamine mid-week, whilst going on to describe his sole negative experience of the drug:

> Carl: ''The only time I've had a bad experience, me and my girlfriend thought it would be funny to do ket on a random Wednesday evening because we were bored and it was just when we were getting into it and *it doesn't work if you don't do it after clubbing*. We were both just really sick, we think it's because we had just eaten. And at the end of the day it's an anaesthetic and if you go into hospital going under anaesthetic you're not allowed to eat'' (our emphasis).

Such accounts of the negative consequences of not following 'normal' patterns of use were deployed by participants to distance themselves from the possibility of the development of problematic behaviours, with accounts tending to situate some users (such as IDUs) as being more vulnerable to negative consequences of ketamine and others (including themselves) as being more robust. Subsequently, within our interviewees' accounts of their motivations for taking ketamine, the possibility of unpleasurable, negative consequences was managed through their reiteration of the binary polarisation between 'problematic'/'chaotic' drug users as against 'recreational'/'sensible' drug users (for critiques of the problematic-recreational dichotomy see Simpson 2003, Warburton et al. 2005). Thus user accounts involved attempts to negotiate negative meanings of ketamine and the social stigma of ketamine use within certain EDM club contexts and more broadly across British society.

Discussion – the pleasure nexus

This article has explored accounts of motivations for ketamine use, perceived positive and negative consequences of use and contested meanings of ketamine, as articulated by 12 adults participating in EDM club cultures in the north west of England. What comes to the fore from our study is that the notion of pleasure from ketamine use is structured around preferences for more or less intense and more or less sociable states of intoxication, which users attempt to control through not only drug dose and consumption context, but also users' experiences of other licit and illicit drugs such as alcohol and ecstasy, and in particular to patterns of polydrug use. Different clubbers construct different levels of intensity as more or less pleasurable, alongside different preferences regarding degree of sociability across and within different clubbing spaces and times. Furthermore, this experiential intensity and sociability were inter-related, in that more intense experiences of ketamine intoxication tended to be framed within accounts as less sociable (at least at the immediate moment of intoxication, although not necessarily afterwards, when co-users' experiences were often shared). These levels of intensity and sociability of ketamine intoxication, pleasurable or otherwise, relate to the 'interior world' (Becker 1973) of the user, however, and so could not be said to be objectively 'measured' but rather were produced through the process of user/user and interviewer/interviewee interaction.

Thus, how ketamine use was interpreted and experienced in part depended on the user's desire for a more or less 'intense' and a more or less 'sociable' ketamine experience and the

extent to which these desired and achieved altered states of intoxication matched up. Users' attempts to manage both the intensity of intoxication and the degree of sociability when intoxicated predominately involved participants attempting to control aspects of both dose and setting, with immediate negative consequences of ketamine intoxication (such as involuntary entry into a K-hole) framed as a 'failure' of the user to properly control dose and/or setting. Participants' accounts drew on discourses of uncontrolled hedonism, compulsion, 'inappropriate for occasion' usage and 'inappropriate for purpose' usage to make sense of negative consequences and to firmly position themselves as 'sensible' 'recreational' users, suggesting that participants were keenly aware of conflicting, largely negative meanings surrounding ketamine as produced by other (non-ketamine using) clubbers, the media and 'official' responses to use, within the context of ketamine's recent criminalisation in the UK (Measham and Moore 2008).

Contrasting experiences of intoxication may be viewed as being situated within a 'pleasure nexus' with two intersecting axes, with the point of intersection providing the maximum pleasure for each individual user. Each axis has a range of possibilities which indicate a continuum from one 'extreme' to the other: one axis covers the range of 'intensity' of ketamine intoxication as perceived by the user whilst a second axis covers the continuum of 'sociability', that is the perceived effect of the drug on social interactions. Pleasure then might be obtained from social interactions at after-hours clubs whilst mildly intoxicated from a small 'bump' of ketamine, from the 'semi-social' pleasure of being ''ket-ed''[10] at post-club chill-out parties, to the perhaps less ostensibly 'social' or even 'asocial' pleasures of 'extreme' ketamine intoxication, whereby the user may be said to experience a form of individualised 'inner journey' (whether or not in the presence of others).

The notion of a pleasure nexus with continuums of sociability and of intensity which intersect at an 'ideal' point of pleasure maximisation reflects our interviewees' perceived and actual degree of control over their ketamine consumption. Our interviewees were eloquent in their ability to articulate a particular desired point along these intersecting axes of sociability and intensity of drug experience on any given clubbing occasion, which in turn shaped their (lay, experiential) harm-minimisation activities. We suggest that the notion of a pleasure nexus consisting of intensity and sociability continuums upon which user experiences may be located, and implicated in issues of control and regulation of consumption, could also be applied to our understanding of the consumption and management of other licit and illicit drugs such as alcohol and ecstasy, and in particular to patterns of club polydrug use.

Yet our research participants might frame their ketamine use in perhaps less involved, but undoubtedly more evocative terms than a 'pleasure nexus'. As Carl, a 24-year-old clubber, student and house music fan succinctly says, ketamine is for him ''the most fun you can have for 20 quid''. However, it is for us as club drug researchers to explore pleasure more thoroughly as one of the fragmentary and underdeveloped discourses which may partially explain our age-old desire for intoxication.

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Notes

1. With thanks to Lancaster University for funding for this study.
2. The term 'club drug' is used here in preference to 'dance drug' to denote that the clubbing experience involves more than simply dancing at a club and relatedly, therefore, that the motivation to take

psychoactive drugs during the course of a clubbing night out is not exclusively to enhance the activity of dancing.
3. Both surveys are located at www.clubbingresearch.com
4. All our interviewees also indicated that they had used ketamine within the past 3 months.
5. All interviewee names have been changed.
6. After-hours clubs or breakfast clubs typically open at 3–4 am and continue until about 10 am. Ketamine use was far more visible and open at such after-hours clubs visited by the authors compared with dance clubs.
7. The term 'semi-social' was used by Sam, one of our ketamine interviewees.
8. See also Measham (2002) on the appeal of temporal distortions to extend the weekend clubbing experience.
9. Although more recent media coverage of ketamine has included more positively worded reports of the drug's potential in helping alleviate depression (see BBC 2007), an apt example of the possibility of dichotomous representations of the same drug according to use contexts.
10. ''Ket-ed'' is a term frequently used by clubbers to describe relatively intense intoxication from ketamine, but intoxication which still enables social interaction with other ketamine-using peers.

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