

# Notes

## KETAMINE : RECENT TRENDS IN SUPPLY AND USE

### ABSTRACT

■ Although ketamine use remains marginal in the general population, observations by the TREND scheme show that users and contexts have become more diverse over the past fifteen years.

■ As ketamine has become more widely available, perceptions of the substance have also changed.

■ The problematic health consequences of high levels of ketamine use have become increasingly visible.

■ The wider distribution of ketamine has been made possible by greater availability of the drug (increased trafficking and lower prices).

■ The spread of ketamine can also be explained by the diversification of the functions assigned to the substance and the effects sought.

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# INTRODUCTION

This note updates the information on the supply and illicit use of ketamine using data collected by the OFDT over the past twenty years or so. As so-called 'recreational' use of this substance (i.e. outside medical protocols) in the general adult and adolescent population is marginal (see box on use in the general population), it is observed qualitatively by the OFDT's Emerging Trends and New Drugs (TREND) scheme focusing on populations that are particularly heavy users of psychoactive substances (see box on 'Methodology'). The note begins by taking a look back at the spread of ketamine in party contexts since the late 2000s. Ketamine was used almost exclusively at free parties among small circles of people seeking its intense dissociative effects, but has gradually become the subject of experimentation and use by people from more varied socio-cultural backgrounds in more diverse party scenes. This spread has been made possible by a change in perceptions of the substance, as it has gradually lost its image as a dangerous substance on account of its sedative effect sometimes used in veterinary medicine, combined with a change in the effects sought by users and their practices. Secondly, the note describes other contexts and methods of use that have become more visible since the end of the 2010s: ketamine use in chemsex, and by some people to regulate psychological or physical suffering, or to manage craving for other substances (particularly opioids). It then returns to the issue of ketamine supply, showing that the gradual increase in availability has also contributed to its spread. Finally, it describes the various health consequences associated with ketamine use, which have become increasingly visible over the last ten years.

## Methodology

This note is based mainly on investigations carried out as part of the OFDT's Recent Trends and New Drugs (TREND) scheme which monitors emerging phenomena and trends in the use of illicit drugs and of medicines outside therapeutic protocols among particularly heavy drug users. The scheme relies on a network of local coordinators\* who gather information from a wide range of stakeholders (users, health and social workers, law enforcement, etc.) and whose local connections help to provide a better understanding of the specific characteristics of drug use in their areas (Gérome, 2020). The data presented is also based on a survey commissioned by the OFDT and providing an initial overview of ketamine use in France in the early 2000s, published in a report entitled *Usages détournés de la kétamine en France 2001-2003: ket-riding ou les nouveaux voyages immobiles* (Reynaud-Maurupt and Akoka, 2004) and drawing in particular on analyses of interviews and questionnaires among 250 ketamine users.

*\* The scheme coordinators are based in Bordeaux, Lille, Lyon, Marseille, Metz, Paris, Rennes, Toulouse and La Réunion.*

## MEDICAL USES AND LEGAL STATUS

Ketamine is a psychoactive substance derived from phencyclidine (PCP) and characterised by its hallucinogenic and dissociative properties. It was first produced in the early 1960s and has frequently been used since then in human and veterinary medicine for its anaesthetic properties during short operations. It is a colourless, tasteless and odourless liquid, and is administered by injection. On account of its rapid onset of action and low risk profile (unlike other anaesthetics, it does not reduce respiratory function or arterial blood pressure, and there are few side effects or risks of overdose), it was included on the World Health Organisation's (WHO) list of essential medicines in 1985<sup>1</sup>. In France, ketamine is also used in the treatment of post-operative pain and for its sedative properties in advanced palliative care in adults, with these two types of therapeutic use being governed by recommendations. In the vast majority of cases, the substance is administered by intramuscular or intravenous injection.

Since the late 2010s, ketamine has been used in many Western countries as an injection or nasal spray (Spravato®) on patients with treatment-resistant depression (defined as cases where two attempts at treatment have failed) (HAS, 2020). The rapid onset of its effects distinguishes ketamine from the longer onset of antidepressants. However, its use to treat depression is subject to very strict administration conditions, thereby limiting the use of this treatment<sup>2</sup>.

In France, ketamine was classified as a narcotic in 1997<sup>3</sup>, and its use outside medical contexts is prohibited by the Public Health Code and the Penal Code (as are its acquisition, possession, production, transport, and transfer). Since 2017, injectable preparations of ketamine have followed the regulations applicable to narcotics, i.e., in addition to the sections already applied, secure prescriptions and traceability of entries and exits in a special register.

### Marginal use in the general adult and adolescent population

The level of ketamine use outside medical protocols is marginal, reflecting the very limited spread of the substance in the general adult and adolescent population (Spilka et al., 2024). In 2023, 2.6% of adults aged 18 to 64 in France had experimented with the substance, and 0.6% had used it within the previous year. It is more common among men than women (0.8% versus 0.4% for use in the year preceding the survey) and among people under 35 (1.5% of 18-25 year olds and 1.3% of 26-34 year olds report use in the year preceding the survey). These levels of use in the past year are close to those for other less common substances such as LSD and amphetamines, and are twice as high as those for crack cocaine and heroin (0.3%). Experimentation with ketamine is rare among adolescents, affecting less than 1% (0.9%) of 17-year-olds (OFDT, 2023).

1. This list identifies the medicines that are necessary to meet priority public health needs around the world and aims to facilitate access to them for national health systems.

2. Studies are currently underway to develop a tablet administration method that would greatly limit these constraints.

3. Order of 8 August 1997 amending the order of 22 February 1990 establishing the list of substances classified as narcotics.

# TRENDS IN PARTY USE

## Reasons for ketamine use

The search for the dissociative effects of the “ketamine trip” is not the only reason given by respondents to explain their use of the substance. Since the 2000s, other reasons have been given increasingly frequently. One of these is the short duration of the effects: ketamine produces powerful effects quickly but over a short period of one to two hours, especially when compared with other substances, such as LSD, whose effects can be felt for more than ten hours (Reynaud-Maurupt and Akoka, 2004). Ketamine is therefore a popular substance with drivers, as its effects have disappeared by the time they leave the scene of the party. The substance also has a reputation for being undetectable by the saliva tests used by police when participants leave a free party.

Ketamine can also be used in combination with other drugs to potentiate or modulate their effects (and conversely, other drugs are sometimes used to modulate the effects of ketamine) or to obtain specific effects. Several reports indicate that a small amount of ketamine boosts the effects of hallucinogenic substances such as LSD when they begin to fade. The use of psychostimulants such as cocaine can regulate the onset of the effects of ketamine or combine with them when the two substances are used simultaneously (the expression “calvin klein” or CK is used to refer to this practice).

## A ‘trendy’ substance enjoyed by a growing number of party-goers

During the 2000s, ketamine was the subject of opposing perceptions among free party participants. For its users, it was a mythical substance for its unparalleled effects (out-of-body experiences) and “trips” giving access to a new perception or awareness of the self. These positive perceptions were also fuelled by the fact that it was an unfamiliar substance (compared to other substances such as ecstasy or cocaine) to be used with caution (because of its difficult-to-predict effects) and reserved for initiates who were still few and far between at the time. Conversely, many party-goers had negative views of ketamine, pointing to its use in veterinary medicine and referring to it as a horse anaesthetic. These negative perceptions can also be explained by the visible consequences of heavy use, which were considered unsuitable for socialising at parties (isolation from other revellers, drooling, wetting themselves, rolling eyes, catatonic state, even coma, falls caused by loss of motor coordination, etc.). This stigma associated with ketamine helped to limit experimentation and the spread of the drug among participants in free parties.

From the end of the 2000s and through the following decade, there were fewer and fewer negative perceptions and reports about ketamine. New generations of party drug users tended to take a more positive view of the substance, and the previously negative association of ketamine with a horse anaesthetic was gradually reversed, as shown by expressions and products (T-shirts, etc.) associating ketamine in a positive way with the figure of the pony.

This shift in perceptions has gone hand-in-hand with changes in user practices and profiles. Experimentation with the intense dissociative effects and accompanying hallucinations by many ketamine users in the 2000s (Gandilhon et al., 2014; Reynaud-Maurupt and Akoka, 2004) has become less sought after among new generations of users. They do not want to lose control of their actions and are usually looking for the stimulating, euphoric and/or disinhibiting effects of relatively low doses of the substance, which they take using keys (a small amount of powder is placed on the end of a key and then taken up the nostril to be sniffed) rather than in lines. Short-lived and moderately intense effects would appear to be considered most suitable for these festive settings and the socialising that takes place there (G  rome, 2024), and they are becoming sought after by the majority of new generations of ketamine users, many of whom combine the substance with ecstasy or other psychostimulants (Gandilhon et al., 2014).

This change in ketamine use practices was initially observed at free parties where the substance had become as popular, sought-after and widely used as ecstasy by the late 2010s among new generations of participants. Using ketamine for stimulation, euphoria or disinhibition purposes gradually came to concern party-goers from more varied socio-cultural backgrounds than free-party participants (particularly in terms of gender, socio-economic level or drug use). The substance has thus become more visible

at various festive events: alternative techno parties organised in the city or suburbs, such as warehouse parties (Gérome et al., 2019)<sup>4</sup>, certain festivals, in certain nightclubs (clubs, dance bars, concert halls, etc.) or at parties organised in public places in certain large cities, such as Rennes or Toulouse.

## Renewed drug use in chemsex contexts

Chemsex refers to a set of practices involving sexual activity by men who have sex with men (MSM) and use of psychoactive substances, the specific features and development of which have been documented by the OFDT (Gérome et al., 2024; Milhet, 2019). Drug use in conjunction with sexual activity can heighten sensations of pleasure, eliminate feelings of fatigue, prolong intercourse or facilitate certain sexual practices. The substances that are used are mainly new psychoactive substances (NPS) from the cathinone family and GHB-GBL, but use of ketamine by nasal route has also been observed in such contexts since the 2000s. At the time, its presence was marginal and confined to assisting certain sexual practices by its anaesthetic properties, in particular fist-fucking<sup>5</sup> at parties centred on these practices and organised for this purpose.

From the late 2010s onwards, the presence of ketamine in the context of chemsex became more frequent, generally used in combination with cathinones (a mixture sometimes referred to as “3000”) or with GHB/GBL to obtain effects that are specific to the combination of these substance categories (Tissot, 2023). Use of new psychoactive substances similar to ketamine has also been observed. Like cathinones, ketamine is sometimes injected<sup>6</sup> intramuscularly by certain chemsexers to spare excessively damaged veins or because venous injection of ketamine produces particularly powerful effects, even though it is difficult to dose (Gérome et al., 2024). The substance can also be used rectally (the substance is generally mixed with gel or lubricating creams and introduced into the rectal mucosa, and this practice is referred to as a plug).

## SELF-MEDICATION OR MANAGEMENT OF OTHER PROBLEM DRUG USE

Growth in ketamine use outside parties for self-therapeutic purposes has been a key observation of the OFDT TREND scheme since the late 2010s. It may be used to regulate psychological suffering (anxiety, depression, sometimes linked to trauma) or physical pain (menstrual pain, back pain, endometriosis). The people concerned by such uses include young women (aged under 25), most of whom have considerable socio-cultural resources (some are students, others are employees) and who have very often experimented with ketamine at parties. Their use soon comes to be considered self-therapeutic, but then becomes a regular or even daily occurrence, leading to the development of tolerance<sup>7</sup> and the appearance of health problems, despite the low doses consumed.

Chronic ketamine use is also found among people living in economic insecurity, mostly men under the age of thirty<sup>8</sup>, some of whom attend low threshold centres for drug users (CAARUD) (Cadet-Taïrou et al., 2020). Some chronic users have regularly attended alternative techno parties where they have experimented with the substance. They are long-term polydrug users and have gradually come to focus on ketamine, which they consume daily in large doses (several grams a day). Their ketamine use may be part of attempts to reduce or stop their use of other psychoactive substances such as alcohol, opioids (heroin or opioid agonist treatment) or anxiolytic or pain-relieving drugs (Gérome, 2022, 2024). According to the people concerned, the “light”, “floating” sensations caused by ketamine are similar and provide a satisfactory substitute for the effects of the three substances mentioned above.

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4. These parties are held in former industrial warehouses that are rented out or squatted for the occasion, and often include a security service, a bar and a team of first-aiders. At the same time, their organisers claim to be inspired by the alternative culture that emerged from the free parties (cutting-edge musical programming, long party durations – from midnight to midday - secret venues and (relative) tolerance of drug-use practices).

5. The sexual practice of penetrating a partner's rectum with the fist.

6. Injecting substances during sessions (known as slamming) has been one of the striking developments in chemsex since the late 2010s (Gérome et al., 2024).

7. Need to increase doses to achieve the same effects.

8. According to the ENA-CAARUD survey of polydrug users attending these facilities, 8.2% of them reported that they had used ketamine in the month preceding the survey (12% for 15-25 year olds) and nearly 4% reported daily use (Cadet-Taïrou et al., 2020).

# SUPPLY AND TRAFFICKING

## Limited knowledge of production and supply chains

Little is known or documented about the production and distribution channels for ketamine used outside medical settings in France. It seems to be produced mainly in illicit laboratories in India, China and, increasingly in recent years, in other countries in East and South-East Asia such as Cambodia, Myanmar and Malaysia (UNODC, 2024). The size and sophistication of these laboratories have increased in recent years, and when they are dismantled, several hundred tonnes of ketamine precursor chemicals are seized (INCB, 2025). This would suggest that there is an increase in clandestine ketamine production worldwide, although the illicit market is also being supplied by the diversion of pharmaceutical ketamine that was produced for medical or veterinary purposes. The composition of ketamine can vary depending on where it comes from and how it is manufactured. While industrial production in pharmaceutical laboratories is standardised, this is not necessarily the case for clandestine manufacture. This may explain the differences in the effects (in intensity and form) perceived by many users, depending on the ketamine in circulation.

Little is known about how ketamine is transported from Asia to Europe, or about the existence and role of specialised trafficking networks. Purchases of large quantities by European traffickers via the darknet for transport to the continent via postal freight have been identified, however. The substance is also transported to France by road from Spain or the Benelux, having arrived on European soil there and transited through these countries.

## Increased availability

In the 2000s, ketamine trafficking in France was unstructured, fragmented and on a small scale. It was driven mainly by resellers who were often users themselves, and users would regularly report supply difficulties (Gandilhon et al., 2014).

Ketamine availability gradually increased from the 2010s onwards, closely linked to alternative party venues. Its sale on messaging applications and social networks is growing, and an increasing number of traffickers operating by delivery and targeting a techno party venue clientele are offering ketamine alongside other substances such as MDMA, cathinones and LSD. Growing opportunities to buy ketamine have come with a change in the form offered for sale: while it was usually sold in its liquid form, requiring the buyer to “cook”<sup>9</sup> it in order to turn it into a powder for use, it is increasingly available directly in powder form.

Like other more widely used substances such as cannabis or cocaine, ketamine is becoming the focus of marketing practices (Tissot, 2024; Zieleskiewicz and Bailly, 2024). Some traffickers thus offer different varieties by origin (“Indian”, “Dutch”, “English”, etc.), preparation method (i.e. how the substance has been “cooked”<sup>10</sup>) or even appearance (powder, sugar, flake, crystal or needle, shiny, rock), and these characteristics are supposed to testify to the quality of the substance. (Juszczak et al., 2024).

The fall in the price of ketamine is also an indicator of its increasing availability. The current price per gram fell from €50 in the early 2010s to €40 in 2019, then to €30 in 2023. The investigations carried out by all the TREND scheme coordinators in 2024 showed an acceleration in this decline. By the end of the year, the price per gram was around €20, with prices falling sharply for larger purchases (5 grams for €50, 10 grams for €90).

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9. “Cooking” ketamine involves evaporating the water to obtain very fine crystals or a white powder.

10. Various techniques and utensils can be used to transform liquid ketamine into a powder. Evaporation can be carried out using a pan placed on a cooker, in a bain-marie, or using the heat of the sun. Some dealers offer different prices for different preparation methods, based on the belief among many users that the gentler and longer the cooking time, the better the effects of the powder obtained.



# MORE VISIBLE HEALTH CONSEQUENCES

## Visible health consequences of occasional use

The reported social and health consequences of ketamine use can be the direct and immediate result of taking the drug in the context of use. The vast majority are observed at festive events by workers from harm reduction associations or by participants themselves. They are the result of ketamine overdoses and/or combinations with other substances. The most frequently reported adverse effects are benign: trauma or bodily injury due to impaired motor skills and which may occur without the person's knowledge due to the anaesthetic effect of the substance, or bad trips involving anxiety, memory problems, vomiting, loss of consciousness, etc. Since the end of the 2010s, these incidents are said to have become more frequent at free parties and at various events (festivals, concert clubs, informal evening gatherings in public places, etc.), and sometimes more frequent than those caused by other substances, particularly ecstasy/MDMA, an indication of the spread of ketamine use in festive contexts, according to these stakeholders (Pavic, 2023; Perrin, 2024). These incidents are often attributed to relatively young people (under 25) with little experience of drug use and who are unfamiliar with the consequences of certain combinations or with the doses required to obtain moderate effects. The occurrence of adverse effects is sometimes linked to scams: people expecting to use ketamine actually consume another substance, in particular new psychoactive substances (NPS) similar to ketamine. Conversely, ketamine may be used without the person's knowledge, with them thinking they are taking another substance, as in the case of the pink-coloured powders that appeared in France at the end of 2022 and were sold under the name of "pink cocaine" or "tucibi" (Gérome, 2023). Contrary to what the names suggest, these powders did not contain cocaine, but a mixture of substances, most commonly ketamine and MDMA.

## Development of health complications linked to regular use

Some of the health problems associated with ketamine result from prolonged and/or regular, even chronic, use. They concern individuals who have often developed a high tolerance to the substance. The most frequently reported health problems relate to a variety of physical problems: (sometimes irreversible) urological-nephrological damage causing severe pain, inflammation leading to burning, bleeding, incontinence, infections and cystitis; intense abdominal pain (nicknamed "aliens" or "k-cramps" by users); damage to the nasal septum linked to repeated sniffing, etc. These medical complications have been described as more frequent in recent years by both users and health and social workers.

Difficulties in regulating use and dependence are also mentioned by people who report problems similar to psychological withdrawal syndromes (depressive symptoms in particular) and physical symptoms when they stop using it.

People usually consult a doctor or go straight to the emergency room when the medical problems resulting from their use of ketamine worsen and disrupt their daily lives. In some cases, they have no intention of stopping using the drug and do not follow up on proposed referrals to addiction services. The RECAP survey shows that few people are treated in Treatment and Prevention Centres for Addiction (CSAPA) for ketamine use problems. The number has risen sharply in recent years, however, with the number of patients treated in CSAPAs in 2022 for ketamine use estimated to be around 500 (out of an estimated total number of patients treated in CSAPAs of 314 000, i.e. 0.16%), compared with around 70 in 2019<sup>11</sup> [RECAP, unpublished data].

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11. A sign of the spread of ketamine among polydrug users with addiction problems: the number of patients in CSAPAs reporting ketamine use was estimated to be around 1 600 in 2022 (i.e. 0.5% of patients treated in CSAPAs), up from around 800 in 2019.

# CONCLUSION

Illicit ketamine use became visible in the late 1990s in France in the wake of the alternative techno movement. Twenty-five years on, it remains marginal in the general population, and ketamine is still a relatively uncommon drug compared with others such as cocaine or MDMA/ecstasy. However, investigations carried out by the OFDT TREND scheme since 2010 and summarised in this note show that it is growing among populations from more varied socio-cultural backgrounds, whose common feature is that they already use drugs. This spread is the result of various factors, such as increased availability of the substance (lower prices, diversified supply routes, increase in the number of trafficking networks dealing in it, etc.).

This spread is also made possible by the variety of functions that users assign to the substance and the effects they seek: hallucinations and dissociative effects, stimulation and disinhibition, managing the effects of other substances in party contexts, self-therapeutic purposes in order to regulate psychological or physical suffering, attempts to reduce or stop use of alcohol or an opioid substance, seeking sexual performance in chemsex, etc. This spread of ketamine is not unlike that of synthetic cathinones which were previously used almost exclusively in a chemsex context, but have come to be used by people with more diverse profiles since the start of the 2020s (Gérome et al., 2024). The development of addiction and serious health problems (in particular urinary and nephrological disorders), mainly among people who use drugs chronically and/or heavily, is one of the key findings of recent years.

The increase in regular ketamine use and in the number of people experiencing difficulties with the substance poses challenges in terms of knowledge and support in coming years. More research is needed into the diversification of intended uses and desired effects in relation to the contexts and living conditions of the people concerned. Control and regulation strategies also require further study to improve the responses they receive. Although the health and social problems caused by ketamine remain immeasurably more limited than those associated with other psychoactive substances whose use is more widespread, they are likely to continue growing as a result of the trends outlined in this note. Training those working in harm reduction and addiction will be one of the key issues in the years to come.

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**French Monitoring Centre for Drugs and Drug Addiction**

69 rue de Varenne 75007 Paris

Tel : +33 (0)1 41 62 77 16

e-mail : ofdt@ofdt.fr

**www.ofdt.fr**

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