

Dissociative Anesthetics

Developed and Presented by
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Dissociation

- Dissociation:
 - Dissociation is a disconnection between a person's sensory experience, thoughts, sense of self, or personal history.
 - People may feel a sense of unreality and lose their connection to time, place, and identity.
 - A psychological process involving alterations in identity or sense of self.
 - Typical:
 - Separation of *affect* (mood) from *cognition* (thinking)
 - Alterations in sense of self can = transient sense that the world or the self is "unreal" (derealization and depersonalization).

Dissociative Anesthetics

- PCP
- Ketamine
- Dextromethorphan/"DXM"

Desired Effects

- Few users seek out dissociative states (large doses)
- Most like (Smaller doses/disinhibition):
 - Detachment
 - Sedation
 - Euphoria
- Other effects:
 - Sense of floating
 - Easier social interaction

Undesired Effects

- Confusion
- Disordered thinking
- Disorientation
- Difficulty concentrating or thinking clearly
- Depression
- Anxiety
- Disabling panic
- Psychosis
- Uncontrollable excitement.....rigid, mute withdrawal (Catatonia)

Undesired Effects

- Impaired judgment
- Belligerence
- Aggressiveness
- Agitation
- Impulsiveness and unpredictability
- Hallucinations of sight, sound, or touch (not as common an experience as it is for hallucinogens such as LSD)
- Memory impairment

Physical Effects

- Nystagmus (involuntary rapid movements of the eyes vertically or horizontally)
- Hypertension (high blood pressure)
- Tachycardia (racing heartbeat)
- Dizziness and shakiness
- Drooling
- Dizziness
- Nausea
- Hyperthermia (increased body temperature)

Physical Effects

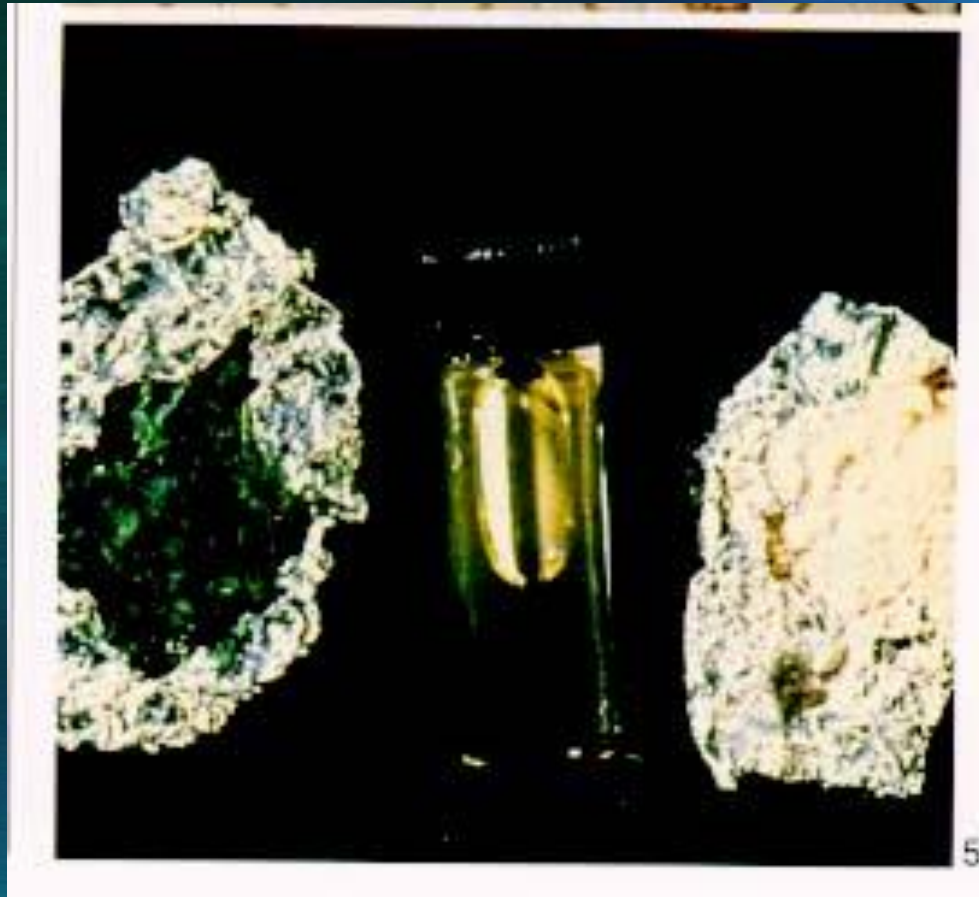
- *Anesthesia* (reduced response to pain and other physical sensations)
- Slurred speech
- Excessive sensitivity to sound and light
- Ataxia (lack of muscle coordination)
- Catalepsy
- Seizures
- Breakdown of muscle and excretion of muscle proteins in urine
- Coma
- Death

Dissociative Anesthetics: Basic Characteristics

- Addiction potential is low to moderate.
- Tolerance develops over a period of weeks
- Immediate physical toxicity potential moderate to high.
- Acute psychiatric impairment potential moderate to high.
 - Most chronic users will undergo an unpleasant experience at least once
- Chronic psychiatric impairment potential varies, but can be high.

PCP (Phencyclidine)

- A schedule I substance
- Initially developed as an intravenous anesthetic for humans.
- Was employed as a veterinary anesthetic, but ketamine is more common now
- No longer manufactured legally in the United States.
- Relatively easy and inexpensive to manufacture
- Forms:
 - Powder (angel dust, dummy dust, dust, THC/TIC/TAC, horse [elephant, pig, etc.], tranquilizer, rocket fuel, brain eraser)
- A liquid (water, embalming fluid²)
- Individual marijuana, parsley or mint leaf cigarettes (dips, sherms, wicki sticks, happy sticks, joy sticks, mint leaves, etc.)



Ketamine

- (Special K, Vitamin K, and K)
- Schedule III substance
- Used medically as an intravenous anesthetic (Ketalar).
- Pharmaceutical version is an injectable liquid
- On the street white powder more likely



Ketamine

- Ketamine similar in its effect to PCP
- Less likely to produce:
 - Psychosis
 - Panic
 - Anxiety
 - Aggressiveness
- Short-acting drug (30 to 60 minutes)
- After effects may last several hours.

K-Hole

- Intense and often unpleasant ketamine experience
- Trapped in state of detachment from their physical presence
- User can think about moving his or her arm, and will then see an arm moving in front of them, but the link between the thought and the moving arm does not register

K-Hole

- The senses also become distorted
- Objects appear to move closer or further away
- User's sight becoming fixed to one point, fearing looking away from that point as the distortions are disorientating and in the worst cases can cause nausea.
- Combination of these effects leave user feeling trapped in frozen state, as if stuck in a hole peering out

Dextromethorphan

- Cough suppressant and mild sedative
- At higher doses = dissociative anesthetic.
- Different dosage levels.
- “Plateaus”. Most recreational use happens during the first and second plateau. In the third and fourth plateaus, the risk of severe disorientation, confusion, anxiety and depression rises significantly. At doses that produce a “fourth plateau” experience, serious physical toxicity (as described in the section on PCP) becomes more likely.



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