

Ketamine use is increasing, and so are its harms

*Information and advice for local public health teams

BACKGROUND

Ketamine use has increased in recent years and so have the related health harms. People now use ketamine in many different contexts, from partying to self-medicating. There are eight times more people going into drug treatment for ketamine use than there were a decade ago. People aged 18-24 have the highest rates of use.

Ketamine can cause painful bladder problems and damage to the urinary tract leading to incontinence and other complications, some of which can be irreversible. This is an increasing cause for concern among urologists.

KEY FACTS

- Ketamine is a medicine used in anaesthesia and for its pain-relieving properties. One form of ketamine is licensed for the treatment of some types of depression in the UK, but it's not prescribed by the NHS.
- Street ketamine is produced and smuggled illegally into the UK and does not have the consistency and safety of medical ketamine.
- At the time of publication ketamine was a Class B drug, which means it's illegal to possess and supply. Possession has a penalty of up to 5 years in prison, an unlimited fine or both. The government has asked for advice on reclassifying ketamine to Class A, which could increase the penalties.
- People take ketamine for different reasons: for partying, to self-medicate for pain or mental health issues, or to experiment with altered states of consciousness. People who use ketamine are typically in their 20s but, according to the [last school survey](#), the use of ketamine in children, although low compared to cannabis or alcohol, has more than doubled in five years.
- Common negative effects of using ketamine include memory problems, hallucinations, confusion, dissociation (feeling disconnected from yourself, your thoughts and your feelings), nausea, agitation, and depression. High doses can induce the so-called 'K-hole' or severe dissociation causing detachment from reality. This is typically an unpleasant experience that temporarily paralyses the person and puts them at risk of assault or accidents. Frequent use of ketamine causes dependence.
- Sustained ketamine use causes serious bladder damage, which can be irreversible. Chronic abdominal pain ('K cramps'). Other symptoms like frequent urination, incontinence, or blood in urine, can affect people who have been taking ketamine for a sustained period. Sometimes people keep using ketamine just to alleviate the pain this has caused, which can in turn, worsen the problem. The worst cases can end up with people having their bladder removed, and with a life-threatening risk of kidney or liver failure. However, if stopped in time, much of the damage can often be reversed.

LOCAL ACTIONS TO CONSIDER

- Put ketamine use on the agenda for your **Combating Drugs Partnership (CDP)** 'board' and relevant sub-groups, like those covering prevention and treatment, backed up with local data and intelligence. Combating drug partnerships have an important role to play in bringing all the relevant partners together to deliver a system wide response to ketamine use.
- Strengthen and work together with your **Local Drug Information System (LDIS)** partners to identify ways to improve collaboration on ketamine between drug services, schools/universities, police, hospitals and young people's services.
- Be ready to put in place a local or regional **Incident Management Team** for outbreaks of harms from ketamine and other drugs. Develop a preparedness plan for ketamine, similar to the one your area has prepared for synthetic opioids in response to [Potent synthetic opioids: preparing for a future threat - GOV.UK](#)
- **Adult drug and alcohol treatment services** should routinely ask people who use ketamine about urological problems and make supported referrals to urology services, using established referral pathways or creating them if they don't exist. Most people can receive appropriate support in the community, but inpatient or residential services may be required for those with the most severe and complex needs.
- **Children and young people's drug and alcohol services** should do as above but also should provide targeted awareness raising, advice and information.
- **Emergency departments** should train staff for awareness of ketamine related bladder, renal or liver damage and deliver targeted screening and referral. On discharge, patients identified as at risk of further ketamine harms should be referred to drug treatment services. In some hospitals, alcohol and drug care teams might be able to directly assess, deliver brief interventions and make supported referrals into treatment.
- **Mental health services** should use the [ASSIST-Lite](#) to identify drug and alcohol use problems and offer brief advice and referral into drug and alcohol treatment. Treatment should address the drug and alcohol use and mental health issues (such as self-medication) through effective partnerships. Services can find out more about how to identify, prevent and reduce drug and alcohol related harm in the [Misuse of illicit drugs and medicines: applying All Our Health](#) guidance.
- **Education settings**, especially universities, should seek to ensure that students have the resources, support and knowledge needed to make informed choices on drugs and reduce harm, especially in relation to ketamine, given its common use among university students. This can include support from the university's welfare service, local GPs, and the students' union advice services. Staff should be aware of ketamine harms and of referral pathways to meet need.
- **Other services** in contact with people at risk, like **urology, hepato-biliary, sexual health, and youth services** (including social care and youth justice system) should screen people at risk (the [ASSIST-Lite](#) questionnaire is a useful tool for this), provide simple interventions, and refer into drug and alcohol treatment using established pathways. They should pay special attention to unexplained bladder damage symptoms. They should speak to their local authority commissioned drug and alcohol treatment services to learn about local patterns of use and harm.

HARM REDUCTION

Services should first and foremost help people to avoid using ketamine and find support to stop. Some people will decide to use ketamine despite the risks. In those cases, harm reduction advice is indicated. Always ensure harm reduction advice is context, risk and age appropriate.

Use or adapt the following messages:

- The only way to avoid all risks is to avoid using ketamine.
- Don't mix ketamine with stimulants, alcohol, benzos or opiates, as this increases risk of overdose.
- Start low and go slow. Start with a small dose and wait some time for the effects. Don't take more if you are already experiencing effects. It can be difficult to control the dosage.
- Bladder damage comes after sustained use so take breaks. The longer, the better.
- If you start having belly pain or problems peeing, see a GP or call NHS 111 for advice about your symptoms. Be open about your use of ketamine to assist accurate and quicker diagnosis.
- If you or someone starts feeling unwell when using ketamine, call 111 if you or someone else needs medical help, and 999 if you think it's life-threatening (see Information and resources section)
- Don't use alone, stay with your friends and have a safety plan for if things go wrong.
- Never drive or use heavy machinery and stay away from swimming pools, hot tubs and baths after using ketamine.
- If you're using ketamine to treat physical or mental health problems, talk to your GP. They will provide the treatment that is best for you.

INFORMATION AND RESOURCES

- FRANK offers easy to read information on the risks of using ketamine (<https://www.talktofrank.com/drug/ketamine>) and mixing it with other substances.
- FRANK has a local drug and alcohol services directory: [Find drug and alcohol support near you | FRANK](#)
- People, including teachers, parents and children and young people can call FRANK on 0800 776600 or at www.talktofrank.com to find out more and get support
- Information on ketamine bladder syndrome and its management: [British Association of Urological Surgeons consensus statements on the management of ketamine uropathy](#)
- NHS advice on contacting urgent and emergency care services can be found here: [Find urgent and emergency care services - NHS](#)

