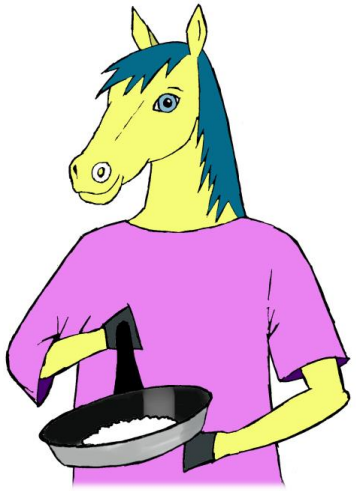


The Ketamine Crisis

A demonstration of bad drug policy and the power of community

coAct

expertise in drugs, hiv and hepatitis

A unique, atypical and complex drug

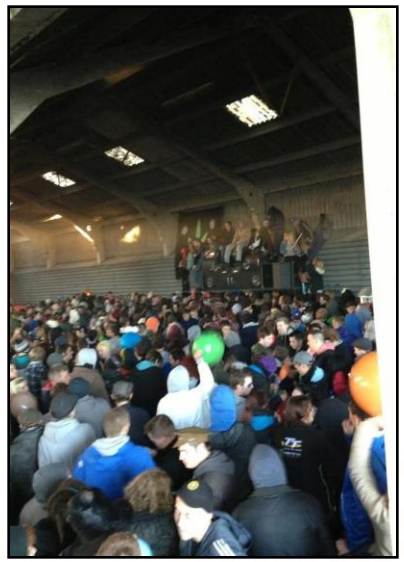
- Ketamine was derived from phencyclidine (PCP) to be used as a surgical anaesthesia
- Innovative treatment for drug resistant depression, PTSD and alcohol dependence
- In 1990s ketamine was known for its purity, niche use, and safety profile
- 2003 – K-Day captures critical learning on emerging problems with ketamine dependence and bladder syndromes
- By 2010, 26% of surveyed people who use ketamine already reported urinary symptoms
- Street use in young people has increased more than 200% since 2013

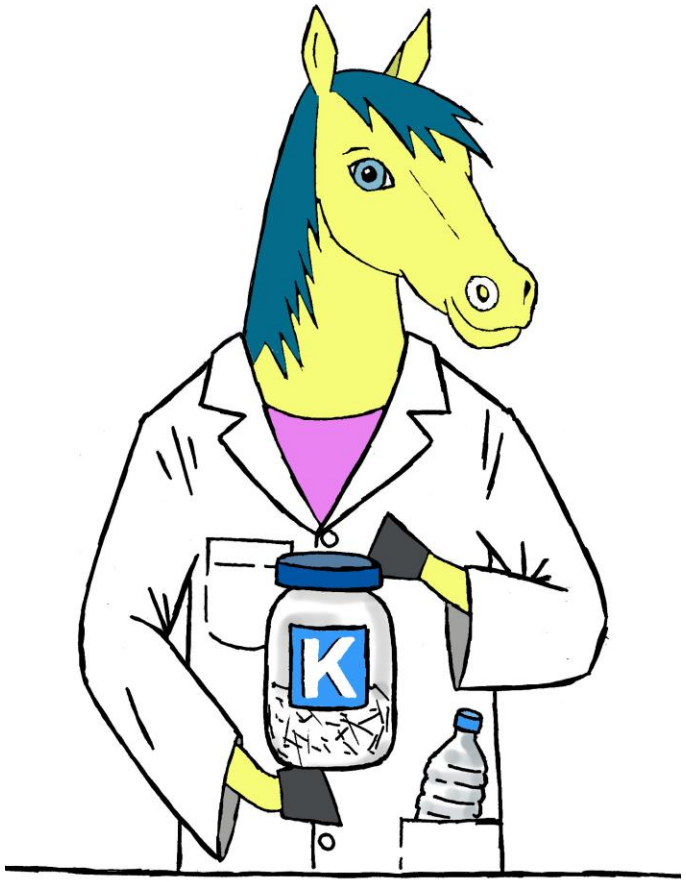
People who use ketamine

- 1970s - Psychonaughters
- 1990s - Dance drug users
- 2000s - Part of chemsex toolkit
- 2010 onwards - “Generation K” – the rise of heavy and frequent use
- 2011 – Oxford trial with ketamine as treatment for depression
- 2020s – Rise in ketamine deaths and children using ketamine

The attraction of disassociation

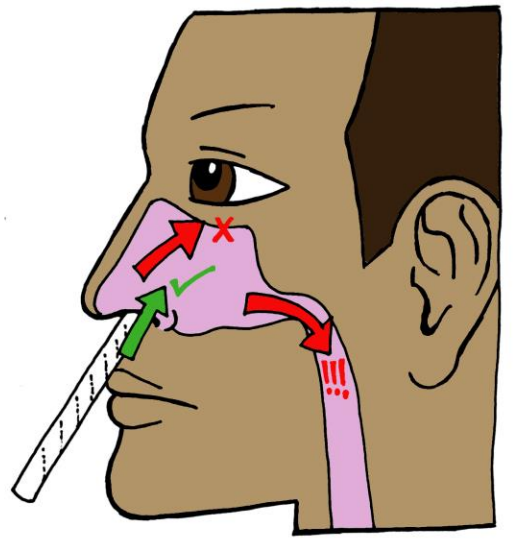
- Ketamine pressure release
- Ketamine and self-medication
- Neurodiversity – attractions and challenges
- Mental health conditions in teenage years and early adulthood
- Ketamine and spiritual exploration





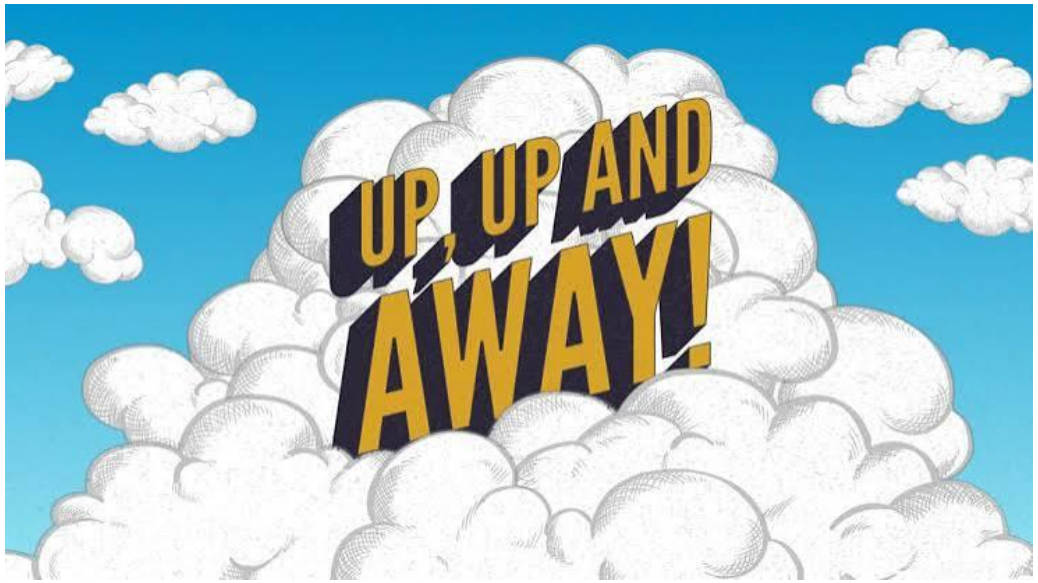
Ketamine Harm Reduction

- Drug preparation
- Drug administration – **snorting**, oral, rectal use, injecting and rarely smoking
- Dose and tolerance management
- Hydration
- Site care – nasal lining and injecting sites



Decision not to teach Generation K about known harms and risk reduction strategies

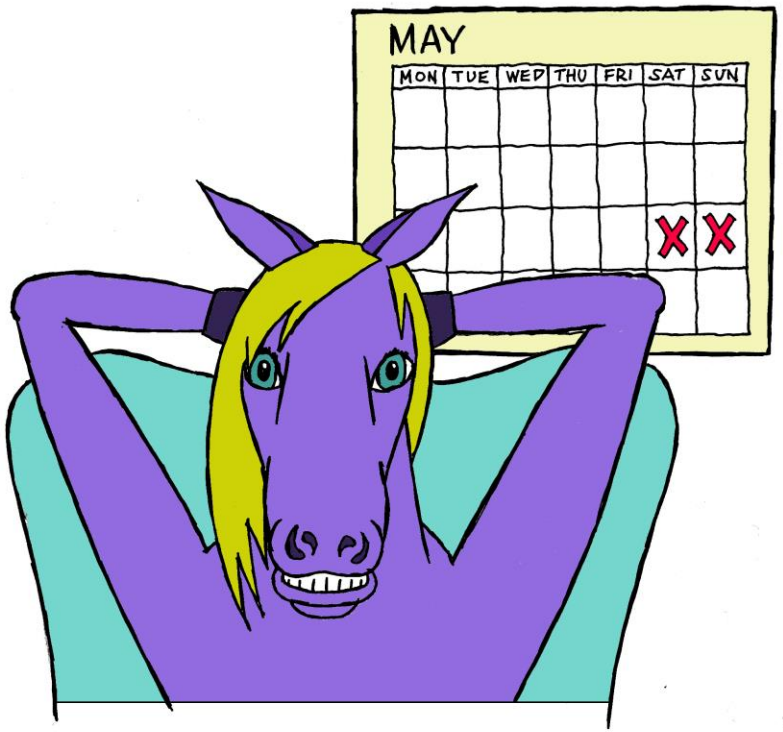
Ketamine tolerance



- Rising tolerance within using session
- Important to let tolerance return to base with breaks between sessions
- Earlier generations were culturally episodic users
- Regular heavy use without breaks leads to spiralling tolerance
- Increases vulnerability to dependence and ketamine bladder syndrome
- K-cramps key warning sign and opportunity for early intervention

Low price key enabling factor - £5 per gram

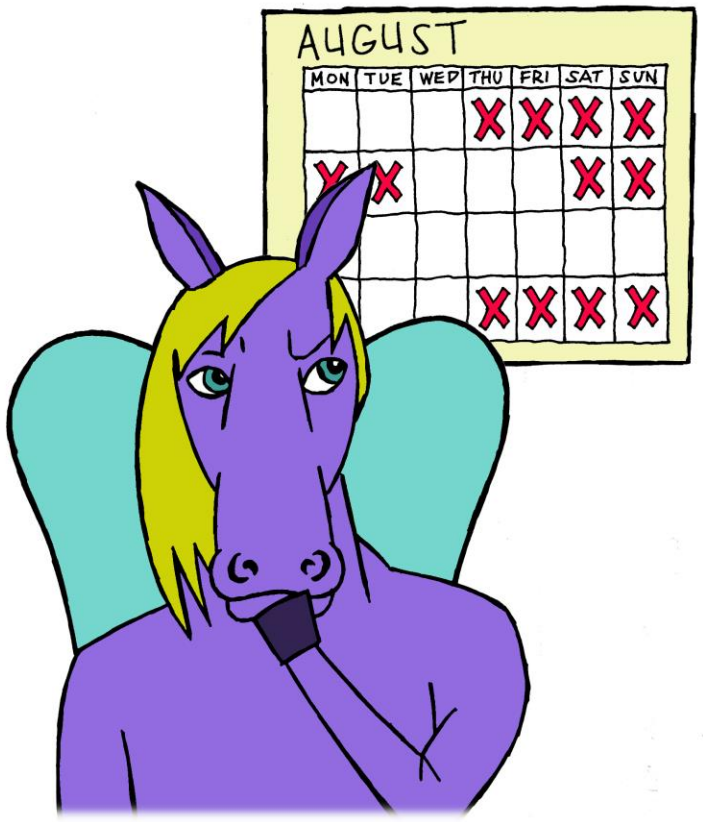
Optimum using patterns



- Plan ahead – test your drugs and gather harm reduction materials
- Choose right place and people
- Dose management
- Pause between doses
- Stay hydrated
- Take tolerance breaks - 4 weeks

People who use ketamine need to learn how to use and take breaks if they want a long-term relationship with ketamine

People who use ketamine heavily



Key target population

- Avoid shaming and promotion of hopelessness
- Harm reduction is more important with heavy use
- Warning signs
  - Dose and frequency of use increasing
  - K-cramps
  - Frequency of urinating
  - Cystitis
  - Blood in urine
- Risks of low threshold access being built on recovery

Setting Risk Factors

- The danger of baths and showers
- Falling
- Exposure – wobble and polos
- Driving
- Criminalisation drives harm

K-holes, collapse and psychedelic crises

- K-hole searchers
- Unexpected K-holes in unsafe settings
- Risk factors
- Managing collapse and unconsciousness
- Psychedelic crisis

Bullets are key k-hole crisis prevention tools

Ketamine and sexualized use of drugs

- Chemsex and GBMSM
- Informed consent
- Sexual assault and rape
- Dildos and snorting drugs
- PREP and PEP

Coact Ketamine Health Check

8 Health Domains

- Current drug use
- Drug using patterns
- Using environments
- Physical impact of frequent ketamine use
- Changes in weight and sleep
- Sexual health
- Mental health
- Attitudes to future use

Festival Intervention

expertise in drugs, hiv and hepatitis

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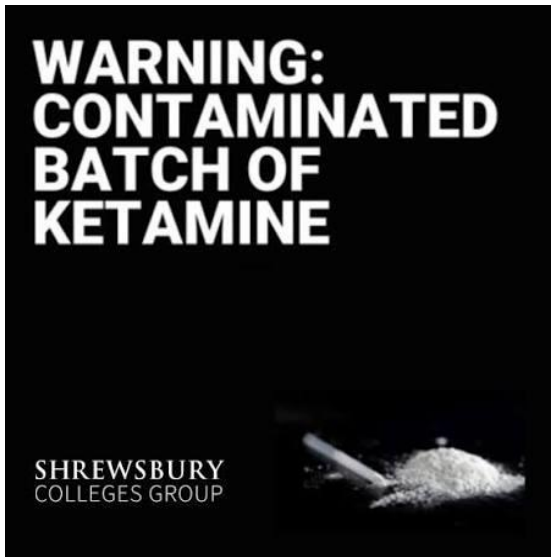
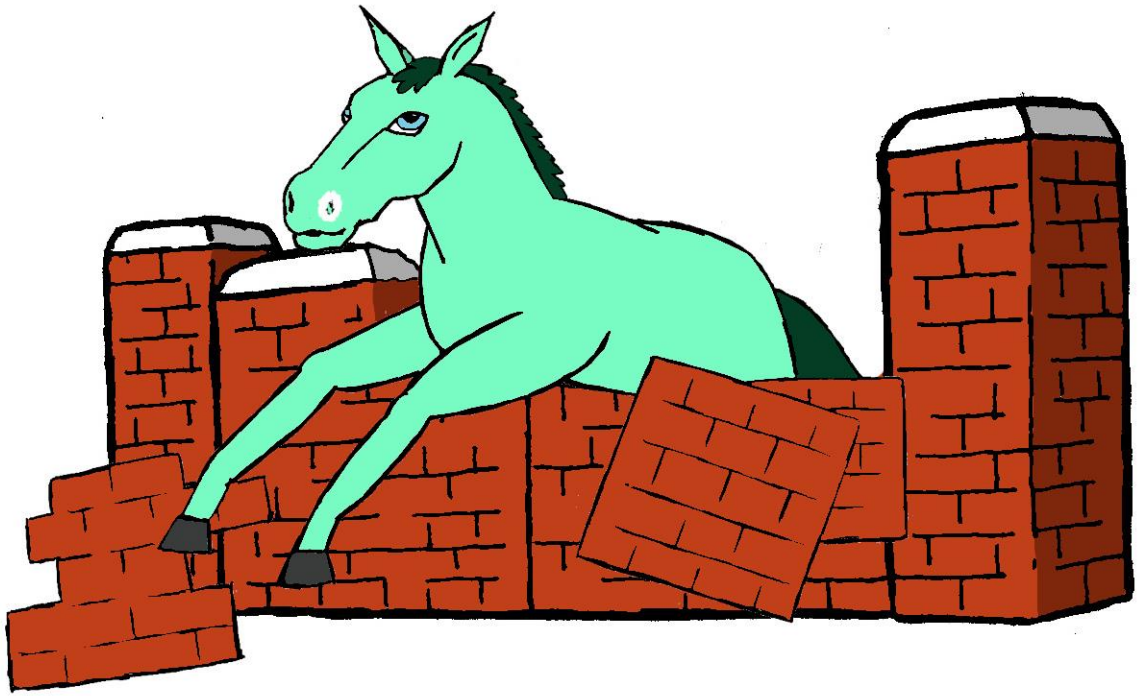


Bad drug policy

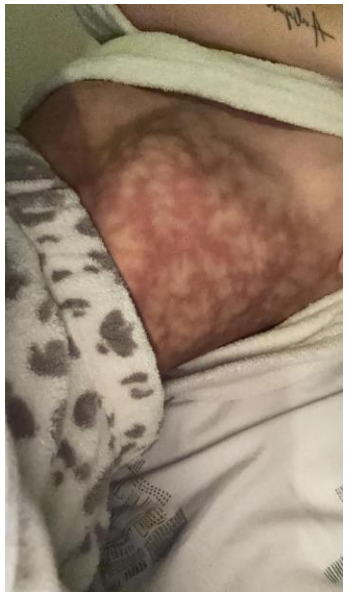
- Focus on increased criminalization but no coordinated public health response for 20 years
- Cheap price, complex drug with significant risks linked to regular use
- Lack of technical understanding of ketamine and its risks among Generation K
- Ketamine purity now varies dramatically, and ketamine is increasingly cut with synthetics
- ACMD has recommended not to reclassify ketamine as a Class A – time for advocacy

What happens when ketamine comes on top?

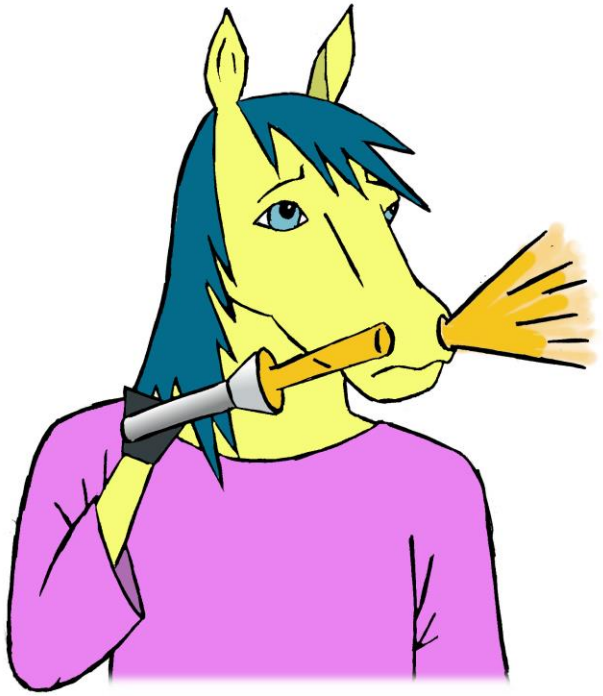


K Cramps

- K cramps are severe pain felt under the rib cage or stomach area after taking lots of ketamine usually over a few days
- Ketamine affects the bile ducts ducts, causing bile to become backed up. It also increases stomach acid and causes gastritis – both which cause pain
- K cramps can also cause nausea, vomiting, shaking, sweating and dizziness repeated k-cramps can cause scarring of the bile ducts, gallbladder problems, and liver damage
- Risk of water bottle burns given ketamine's anesthetic effect



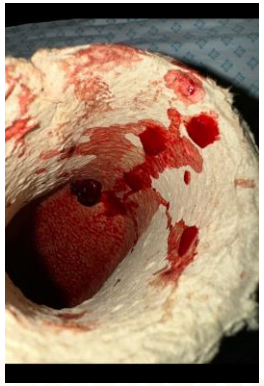
Nasal damage

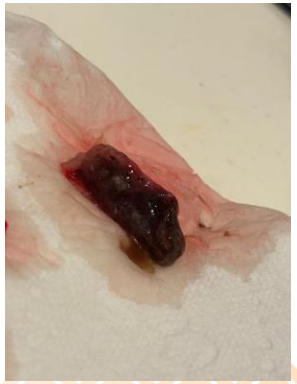
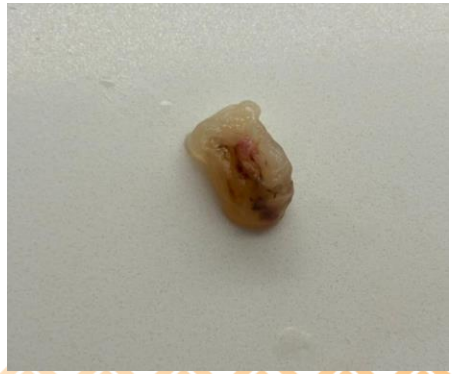


- Parallel nasal damage to cocaine hydrochloride
- Not managing tolerance is linked to taking grams and grams of ketamine hydrochloride per day
- The larger the hole the harder the repair
- Infections of the sinuses

Ketamine bladder syndrome

Ketamine metabolites are passed out of your urine. With regular use, over time, these metabolites build up in your bladder's protective lining, causing inflammation, ulcers, bleeding and scarring. This can cause severe pain and can shrink the bladder, sometimes permanently.

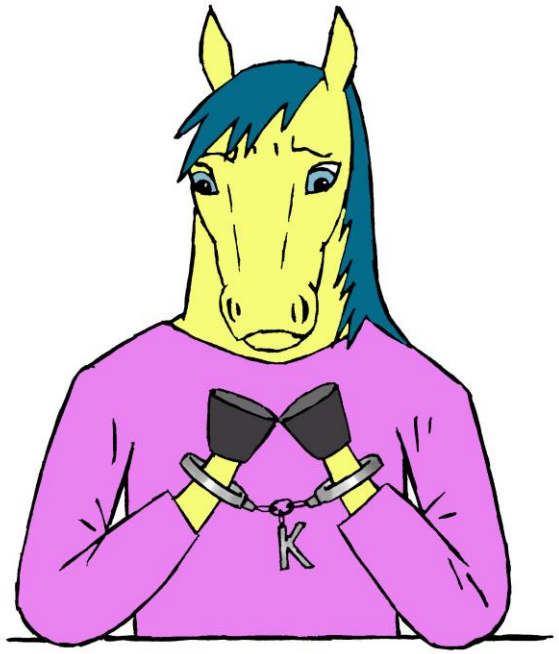



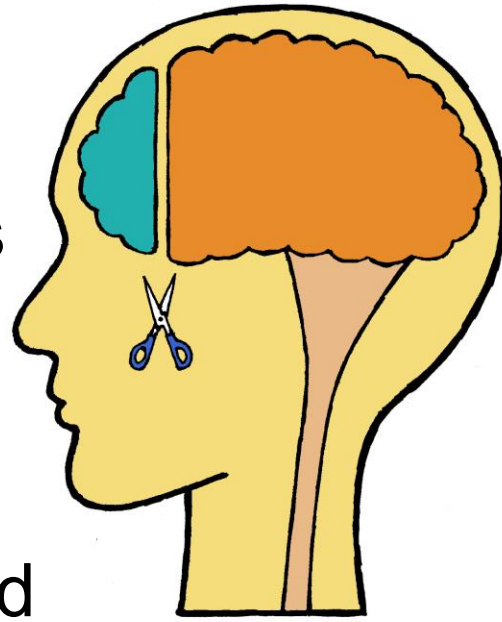
Warning Signs

- Needing to wee a lot
- Constantly feeling the urge to wee
- Pain in the bladder
- Blood, tissue, or gel substance (bladder lining) in your wee

Ketamine dependence syndrome



- Switch of executive function of brain
- Turns of critical decision-making functions
- Fall back on unconscious which favours habitual behaviour
- Emerging understanding of ketamine's action on the opioid receptors
- First goal = 2-week break often achieved by cutting down and stretching breaks



Peer response

Ketamine Peer Advisory Group

Speakers: Take Ketamine Seriously Event
Project 6 / Transform
Doncaster - April 2026

Parliamentary Lobby
Anyone's Child Event
London - June 2026

Coact training team

- Peer reports from decades apart of peers needing to teach practitioners about their health conditions to receive help
- Community training that offers this community dialogue in a classroom setting ensuring those in need meet practitioners ready to respond

Photos @Nigel Bunsdon

COACT,
K-PAG & HIT

More info: www.hit.org.uk/ketamine

KETAMINE TRAINING

SPECIALIST TRAINING FOR PROFESSIONALS SUPPORTING PEOPLE WHO USE KETAMINE

Heavy ketamine use is linked with a challenging dependence syndrome. Frequent and high dose use is associated with severe damage impacting the bladder, kidneys, liver, bile duct and stomach. People often turn to ketamine to manage co-existing mental health, neurodiversity, and psychological issues. Ketamine is an unusual drug requiring specialist harm reduction and treatment responses.

Area Learning & Development Event
A multi-agency training event that brings professionals together to improve knowledge, strengthen local care pathways and build collaborative responses.

Drug Service Training
A one-day course for drug and alcohol practitioners, focused on assessment, best practice and developing integrated support for people who use ketamine.

Technical Support Sessions
3 x 2hr online modules:
Ketamine harm reduction & health checks
K-cramps: prevention and management
Ketamine bladder syndrome

WHO IS IT FOR? DRUG & ALCOHOL SERVICES • PRIMARY CARE • EMERGENCY DEPARTMENTS • MENTAL HEALTH SERVICES • YOUTH SERVICES • PUBLIC HEALTH • PEER WORKERS • COMMISSIONERS

WHO WILL FACILITATE? THE TRAINING TEAM COMBINES LIVED EXPERIENCE TRAINERS (ABBIE CHRISTIE AND MASON STILLINGS) WITH AN EXPERIENCED DRUGS WORKER AND TRAINER (MAT SOUTHWELL) SUPPORTING DRUGS AND HEALTH WORKERS TO INCREASE THEIR UNDERSTANDING AND SUPPORT AN IMPROVED WHOLE SYSTEM RESPONSE.

LIVING IN DREAMS,
COPING WITH REALITIES

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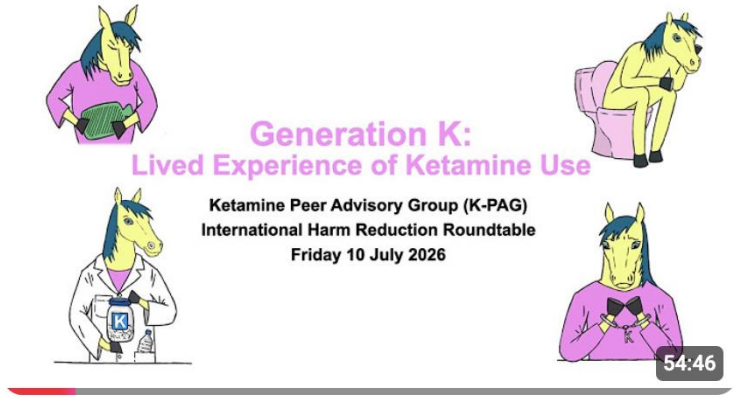
Ketamine Bladder: Community Dialogue and Q&A with expert Dr. Mo Belal

697 views • 13 days ago



Ketamine IHRRT Coact Session

92 views • 1 month ago

Thank you!

Mat Southwell

Managing and Technical Director

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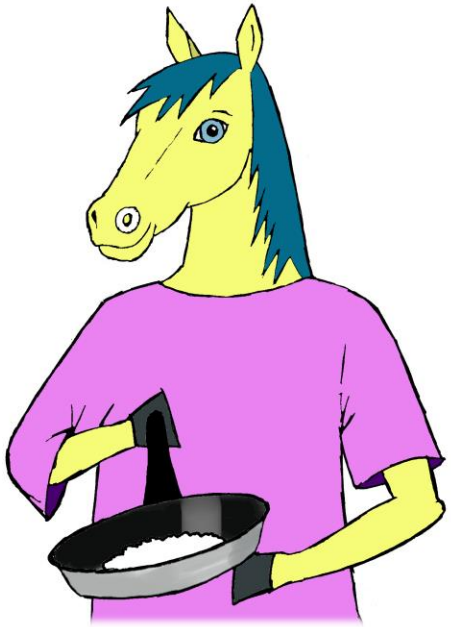
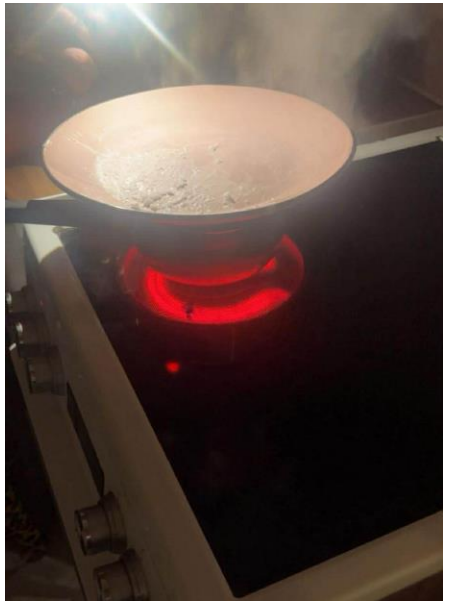
Extra slides to support Q&A

- Conscious versus unconscious mind
- Cooking ketamine
- K-hole detailed description
- Injecting issues

Cooking ketamine





- Illustration of disruptive effect of drug control
- Cooking impacts quality and effect of ketamine
- Use more for less effect while maximizing harms
- Changing place of cooking promotes focus on crushing crystal
- Advice to avoid cooking and not at more than 50°C

Symptoms of being in a k-hole:

- Sense of “melting into surrounding”
- Visual hallucinations
- Giggliness
- Sense of floating
- Sense of things being unexplainable
- Mind-body dissociation
- Oneness
- Sense of peace and love
- Spiritual connection and experiences
- Near-death experience
- Astral travel

The physical effects of a k-hole:

- Inability to interact with surroundings
- Lack of balance/dizziness
- Disassociation
- Confusion
- Impaired consciousness
- Disturbed speech
- Nystagmus (rapid eye movements)
- High blood pressure
- Elevated heart rate
- Amnesia
- Reduced pain

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Injecting issues

- Intramuscular (IM) injection injuries
- Intravenous (IV) injection - fast onset and risk of falling
- Risks of injecting ketamine sold for snorting
- HIV and viral hepatitis

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