



## Norfolk Ketamine & Synthetic Opioid Conference 2026

### Agenda

Time	Topic	Presenter
08:50 AM	**Registration / Coffee**	*****
09:20 AM	Opening Introduction	Prof. Derek Ward, Norfolk DPH (NCC)
09:30 AM	Ketamine trends in Norfolk	Angela Freeman (NCC)
09:45 AM	UNITY - CYP Service overview	Daniel Fisher (TMP)
10:00 AM	CGL's Psychosocial interventions for Ketamine clients	Giorgia Tevola, Neave Watson & Liam Cullum (CGL)
10:25 AM	The Voice of Lived Experience	Jamie Barnes, Claire Woodcock (Together)
10:45 AM	Norfolk's UROKET Clinic	Marita Isaac, Ruth Doherty & Charlie Dunford (NNUH)
11:20 AM	**Coffee Break**	*****
11:40 AM	Drug Related Deaths - Ketamine	Dr. Caroline Copeland (King's College London)
12:15 PM	Ketamine Research (GMTrends)	Prof. Robert Ralphs (Manchester Metropolitan University)
12:50 PM	Norfolk's Ketamine Media Awareness Campaign Launch	SpinTop Media (City College Norwich)
1:15 PM	Q&A session	ALL
1:30 PM	**Lunch Break & Networking**	*****
2:15 PM	Synthetic Opioid Awareness Session	Angela Freeman (NCC) & Rachael Cooper (NDAP)
2:40 PM	Nitazenes, toxicology and emerging trends	Dr Caroline Copeland (King's College London)
3:25 PM	Hull CDP - Synthetic Response Plans (Case study)	Adam Jones (Hull CC), Doug Blackwood (Humberside Police)
3:50 PM	**Coffee Break**	*****
4:10 PM	Synthetic Response in Norfolk	Rachael Cooper (NDAP)
4:25 PM	Naloxone Training offer	Andrew Hepburn (CGL)
4:35 PM	Q&A session	ALL
4:50 PM	Closing speech & acknowledgements	Cllr Fran Whymark (NCC)

# Mentimeter Exercise



**4131 3891**

<https://www.menti.com/al7hfvo2tdo9>

Welcome!

## Opening Statement

**Professor Derek Ward  
Director of Public Health,  
Norfolk County Council**



Norfolk Drug &  
Alcohol Partnership



# Ketamine: What is it?

- ▶ Ketamine is a dissociative drug that is used as an anaesthetic in both human and veterinary medicine.
- ▶ Ketamine is most usually purchased as a white, shard-like crystal. It is then crushed into a fine powder to be either snorted intranasally (the most common method), dissolved and injected intramuscularly, 'bombed' by wrapping powder in a small piece of paper and swallowing, or taken rectally in liquid form via a syringe (minus needle).
- ▶ Ketamine is often used alongside other substances such as Cannabis, Cocaine, LSD, MDMA and Nitrous Oxide. In Norfolk, it is almost never used alongside alcohol, which is a depressant and a bladder irritant.
- ▶ It is currently a Class B substance.
- ▶ Effects begin after 5-15min, and can last for up to 2 hours, depending on the method used and how much is taken.
- ▶ We are receiving reports through user voice of Ketamine supplies being contaminated with nitazenes and other harmful substances in recent months.

# How did the Ketamine Task & Finish Group start?

- The number of people accessing structured treatment for ketamine use locally has grown steadily over the past 10 years - a trend identified across multiple partners in 2024
- Decision to set up a focussed group to look at trends, ambulance data, treatments/pathways, best practice and training
- Membership from Norfolk's Drug & Alcohol Partnership (NDAP), Public Health Drug & Alcohol commissioning teams (Adults, Children & Young People), Enforcement & Criminal Justice, Acutes and Ambulance Service, Commissioned Drug & Alcohol service providers.
- Reports to NDAP Strategic and Programme Groups, the Norfolk & Waveney Integrated Care Board (ICB), and the Health & Wellbeing Board (HWB).
- Meetings held remotely via MS Teams every 3 months

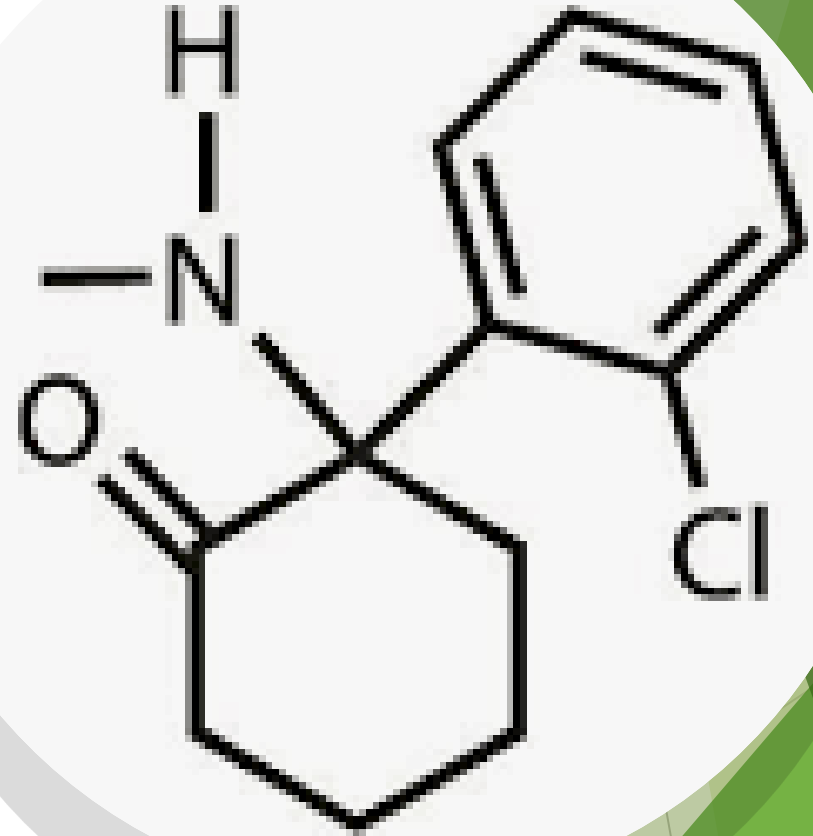
# Initial tasks for the group

- Collating and analysing local data relating to Ketamine to look for hotspots and areas of concern within the county
- Holding meetings & discussions with areas of identified best practice across the UK
- Drafting Terms of Reference (ToR), determining membership and creating Action Plan template
- Scoping exercise for development of media campaign ideas
- Reviewing Hospital pathways with relevant hospital leads
- Reviewing existing resources (i.e. Newcastle, Lancashire, Blackpool etc) for inspiration and information (both adults and children)

# Norfolk's Ketamine Action Plan

	Activities
<i>Tier 1:</i> Prevention	<ul style="list-style-type: none"><li>- Identification of key agencies for training / awareness raising</li><li>- Develop training sessions for professionals</li><li>- Scope current local and national awareness resources - for users, affected others and professionals</li></ul>
<i>Tier 2:</i> Engagement	<ul style="list-style-type: none"><li>- Develop local awareness raising campaign</li><li>- Identify local referral pathways (including A&amp;E, Maternity, Urology and hepatology)</li><li>- Work with Lived Experience to gain insight into service pathways/provision</li></ul>
<i>Tier 3:</i> Treatment	<ul style="list-style-type: none"><li>- Identify current treatment offer (psychosocial and clinical interventions) any areas for development</li><li>- Develop screening tools, professional guidance</li></ul>
<i>Tier 4:</i> Recovery	<ul style="list-style-type: none"><li>- Referral Routes into Specialist In patient provision</li><li>- Referral pathway into Mental Health Services</li><li>- Development of Peer Support programmes for Ketamine Users</li></ul>

# Key data and statistics



Produced by Public Health Intelligence  
Team,  
Insight and Analytics,  
Norfolk County Council

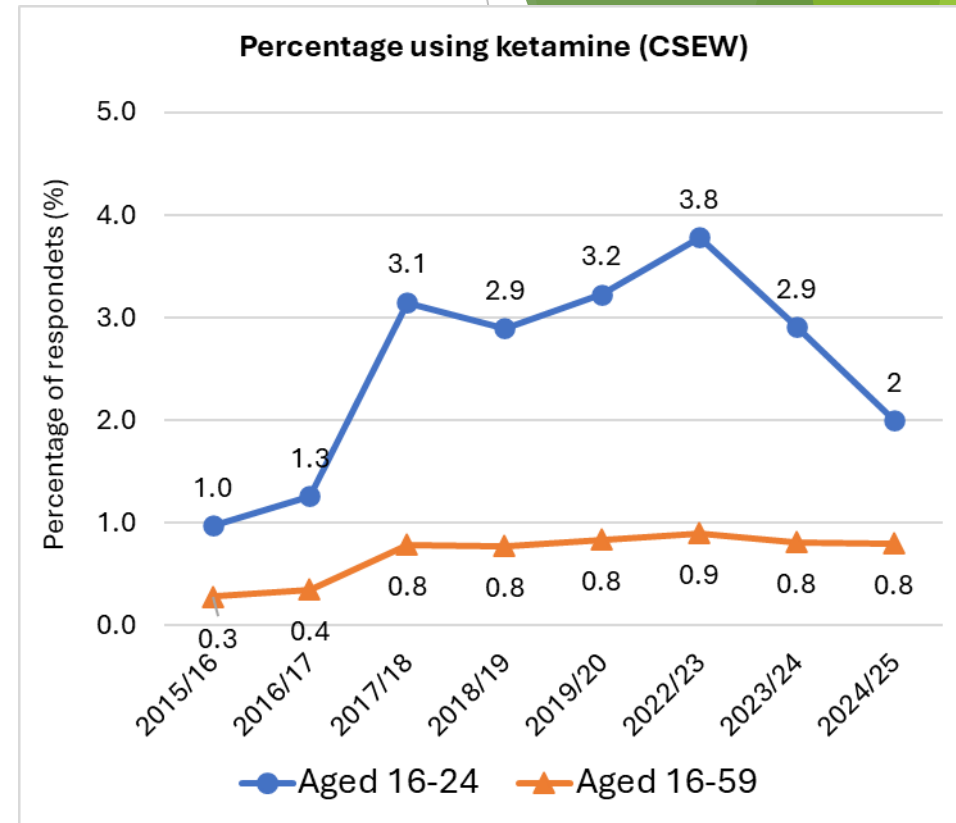
# Prevalence and use – adults and young people

There is no local survey of drug use of adults, but we can apply prevalence estimates from the annual **Crime Survey for England and Wales**.

- **Young people** aged 16-24:
  - **2%** of people used Ketamine in last 12 months.
  - In Norfolk this would equate to approximately 1,800 people (this is 2% of the 89,000 16–24-year-olds in Norfolk).
- This proportion has **not statistically significantly changed** when compared to the previous year or the first year its inclusion in the survey in 2015.
- For **adults** aged 16 to 59:
  - **0.8%** of the population admit to using Ketamine in the last year
  - In Norfolk this would equate to approximately **4,000 people**.
  - The proportion of adults using Ketamine has **increased** from 0.3% in 2015.

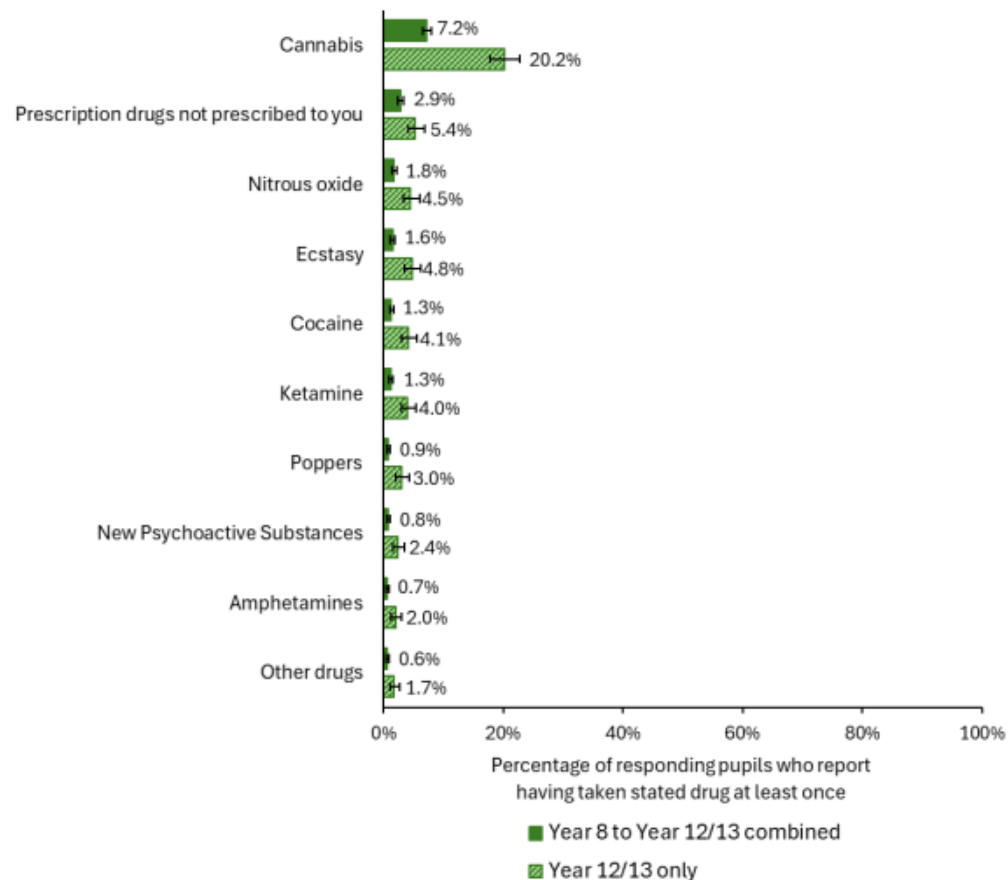
**So – in general use of ketamine has increased over the last decade.**

**We can estimate that approximately 5,800 Norfolk residents may use ketamine at least once in a year.**



# Prevalence and use – children

**Figure 10: Percentage of sampled pupils reporting having consumed different substances at least once - 2024 (Year 8 to Year 13 data combined and Year 12/13 separately)**



Locally the Flourish Survey is carried out in schools and includes questions about drug use (approximately 9,000 respondents in 2024).

## **Pupils aged 13 to 18 (year 8 to year 13):**

- **1.3%** of pupils used Ketamine at least once. This is a similar proportion to a similar national survey.

**In Norfolk this would equate to approximately 800 children** (this is 1.3% of the 61,000 children aged 13 to 18 in Norfolk).

- **Pupils aged 17 and 18 only** (year 12 and 13)
- **4%** of the pupils had used ketamine at least once.

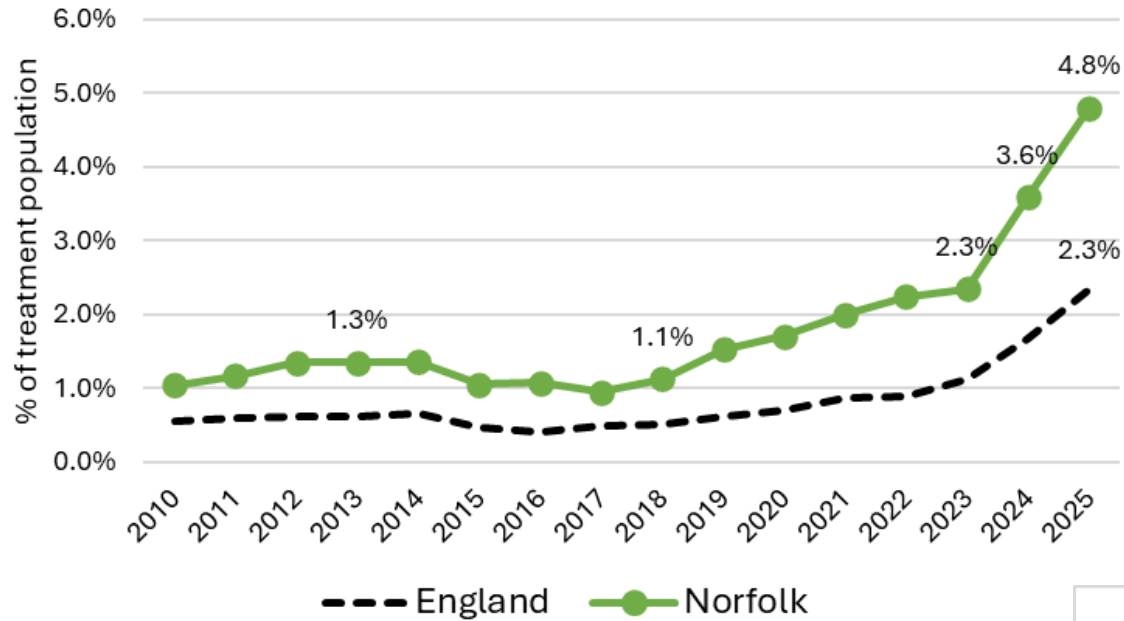
**This demonstrates that use increases with age.**

Read the full report on drug and alcohol from the Flourish Survey 2024 on Norfolk Insight: [flourish-drugs-and-alcohol-9-4-25.pdf](https://www.norfolk.gov.uk/insight/flourish-drugs-and-alcohol-9-4-25.pdf)

# People in drug and alcohol treatment

- 5% of adults in drug and alcohol treatment in Norfolk in 2025 cited Ketamine as one of their problem substances - higher than the England average of 2% of the treatment population.
- This is around **240 adults**.
- There are a further **20 children** (aged 13-17) in treatment with ketamine as a problem substance.

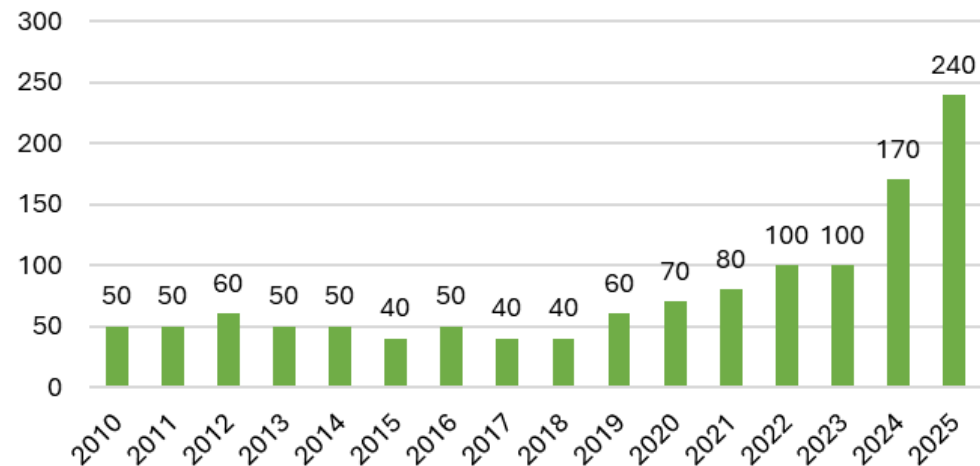
Proportion of treatment population with Ketamine as a problem substance



## NDTMS - ViewIt - Adult

- The number of people in treatment for Ketamine more than doubled between 2003 and 2005.
- This reflects use of ketamine and a policy shift, making drug treatment more accessible to non-opiate users

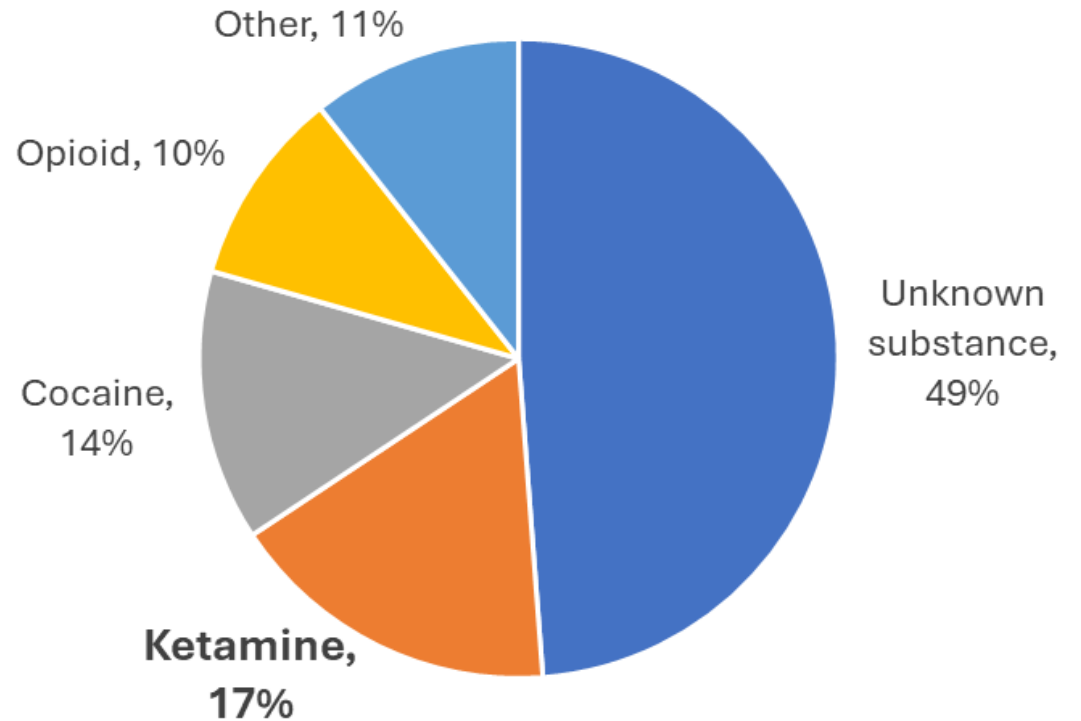
Numbers in treatment in Norfolk for Ketamine



# Ambulance Data

- The ambulance service have been sharing data on suspected drug-related call outs since August 2024.
- Ketamine is the most cited *known* drug (50% are unknown substance).
- Between August 2024 and December 2025 there were **787** drug-related ambulance callouts in Norfolk
- Of these **133** ambulance callouts were for Ketamine
- There are an average of **8** known ambulance callouts for ketamine a month across Norfolk

Drug related Ambulance callouts 2024-25



# Deaths

A national study found that:-

**“The annual incidence of deaths involving ketamine across the UK has increased since it was controlled as a Class B compound in 2014. However, deaths linked exclusively with ketamine are uncommon, with other drugs or co-morbidities (for example, sepsis or liver damage) usually being involved.”**

[Ketamine: an updated review of use and harms \(accessible\) - GOV.UK](#)

This is opposed to the characteristics of other drug related deaths – such as opiate deaths – where overdose is a more common feature.

# Norfolk Deaths

- In the eleven years between 2014 and 2025 there were **22 deaths** that the coroner reported to the National Programme of Substance Use Mortality (NPSUM) where ketamine was thought to be a factor.
- To put this in context the Coroner reported **904 deaths** as substance misuse related in this period, meaning ketamine was a feature in just **2%**.
- This includes deaths where people drowned, crashed their car or died by suicide after taking ketamine, often in combination with other prescribed and illicit substances.
- Ages range from **17 to 53**
- Around **20%** of these people were female, **80%** male
- Deaths are spread across the eleven-year period with no obvious trend

# What's Next?

- ▶ Implementing the Action Plan within the Partnership
- ▶ Seeking regular feedback from the Voice of Lived Experience on how services can be improved and expanded on throughout Norfolk
- ▶ Continuing to develop collaborative partnerships, aiming to increase knowledge around Ketamine use and its harms (Acute Care, Maternity, education and training for professionals, access to treatment pathways, public awareness campaigns)