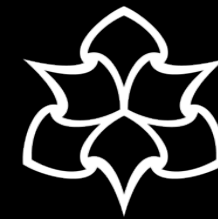


# **Ketamine: Beyond a club drug**

## **Norfolk Ketamine and Synthetic Opioids Event**

**Rob Ralphs, Professor of Criminology and Social Policy  
Drugs, Policy and Social Change (DPSC) Research Centre**

**Norwich Football Stadium  
24<sup>th</sup> March 2026**



Greater Manchester: Testing and Research on Emergent and New Drugs

GMCA GREATER MANCHESTER COMBINED AUTHORITY

GM TRENDS

Manchester Metropolitan University

Stimulants

Empathogens

Psychedelics

Dissociatives

Cannabinoids

Depressants

Opioids

Image & Performance Enhancing Drugs

The infographic consists of eight stylized eyes arranged in a 4x2 grid. Each eye has a different colored iris and pupil. Below the eyes are logos for GMCA, GM TRENDS, and Manchester Metropolitan University. At the bottom, there are eight colored horizontal bars corresponding to the colors of the eyes.



Young Person Survey



Professional Survey



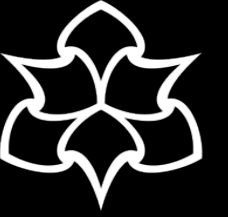
Professional Interviews



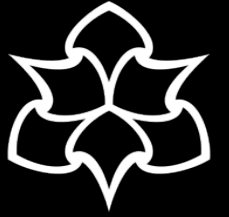
Forensic Analysis



Trend Focus



# Important changes



2023-2024 Monitoring Cycle. Trend focus



Ketamine

Greater Manchester: Testing and Research on Emergent and New Drugs

GMCA GREATER MANCHESTER COMBINED AUTHORITY

GM TRENDS

Manchester Metropolitan University



Primary substance



Younger age of use



Early onset of harms

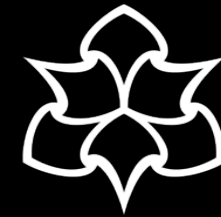


Beyond a 'club drug'



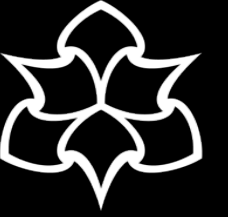
# Increasing primary substance

*“If I look at my caseload at the moment, I’ve got **seven where ketamine is the presenting substance . . . from 28 so a quarter of my caseload.**” (Stockport Family Drugs and Alcohol Family Worker)*



## Beyond a 'club drug': Schools

*“There is a bit of **an epidemic at a school I’m working in** at the minute. [. . .] They are using it at like **half ten in the morning in the toilets, on a Monday or Tuesday morning!**”* (Substance Misuse Advocacy Worker, Trafford & Salford)



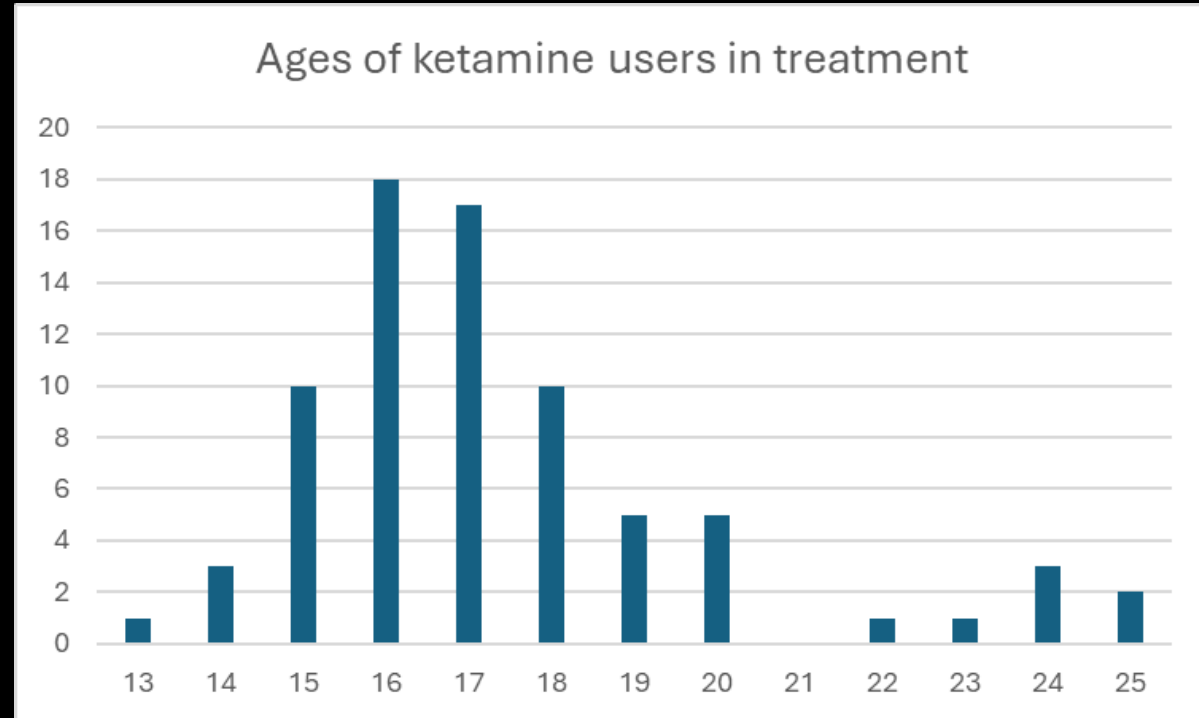
## Younger age

*“Looking at [treatment] numbers now [...] in the first quarter of the year **we have double the number of young people under 18 than last year.**”* (Service Manager, Young Person’s Substance Use Service, Manchester)

*“Early Break has experienced **an increase in the younger population using ketamine from age 13-14.**”* (Operations Director, Young People and Families Service, Bolton, Bury, Oldham, Rochdale, Salford, Trafford)

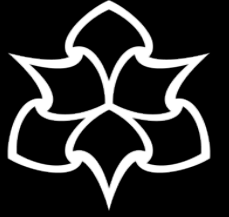


# Age of ketamine users in treatment



Almost two-thirds (64%, n=49) of those young people in treatment are under the age of 18

Two-fifths (42%) were school-aged (13 to 16)



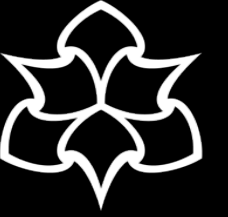
# Age of ketamine users in treatment

MCR YA		MCR YP		Tameside YA		Tameside YP	
Drug 1	72	Drug 1	71	Drug 1	19	Drug 1	16
Drug 2	25	Drug 2	26	Drug 2	12	Drug 2	5
Drug 3	14	Drug 3	0	Drug 3	7	Drug 3	1
<b>Total</b>	<b>111</b>	<b>Total</b>	<b>97</b>	<b>Total</b>	<b>38</b>	<b>Total</b>	<b>22</b>

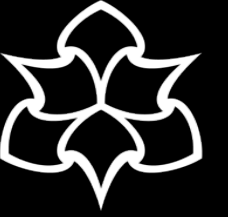
Primary substance for two-thirds (178/268)

**348% increase** from 2024 from 2/10 GM areas

Almost half (44%, n=119) under 18



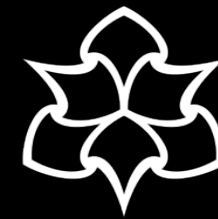
# Why these issues matter



## Early onset of ketamine related harms

*“Her urology symptoms. . . I mean she is having **a hospital admission once every three or four weeks... She’s only 18.**”*

(Young Person Substance Use Service, Team Leader, Salford and Trafford).



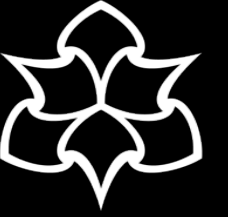
## Early onset of ketamine related harms

*“She is under investigation at the hospital for  
**cysts in her bladder . . . 17 . . . she’s been  
using on and off since she was 12.”***

(Senior Practitioners Young Person Complex  
Safeguarding Team, Stockport)

***Why are we seeing these changes in ketamine use and related harms?***

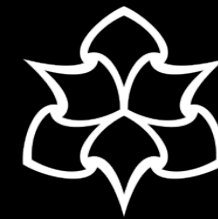




## Self- medication

*“I can struggle a bit with anxiety, so I find it a bit difficult to not be on edge, **so I feel like it's very good for that.**” (24-year-old male, Salford)*

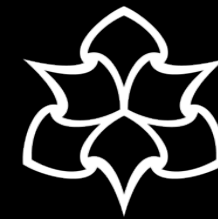
*“I'd say to do with my feelings if you know what I mean? **Numbness. . . . Less anxious, don't care as much.**” (16-year-old male, Salford)*



# Trauma

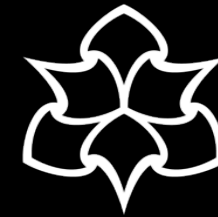
*“ . . . and I think **a lot have trauma as well,** due to what has happened in their life, so **the kids are just turning to it to cope really.**”* (Substance Misuse Advocacy Worker, Trafford & Salford)

*“And I’ve got a client and **she is using it to deal with a lot of trauma.**”* (LGBT+ Recovery Manager, Greater Manchester)



# Trauma

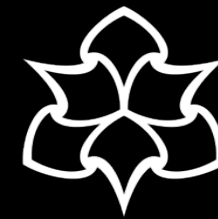
*“ . . . some are using it just to get through the day, to go to college, to go to school. **The link with them is the trauma, the huge trauma that they are using it to kind of get away from.** And they were using it daily.” (Safeguarding Manager, Bury)*



## Adverse Childhood Experiences

*“A lot of them have had **bereavements or witnessed domestic violence.**”* (School Safeguarding Lead, Salford)

*“**All of them bar one has been in care,** so there have been **a lot of long-term traumas.** One of them was using it just to have the confidence to participate in daily life.”* (Safeguarding Manager, Bury)

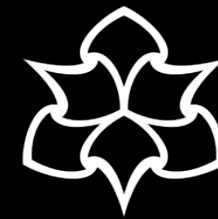


**2025**  
**Motivations for  
ketamine use**

24% Depression

18% Anxiety

8% ADHD



## Young Person's Substance Use Service Ketamine Profile



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Anxiety	23.8%
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Depression	24.6%
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ADHD	25.4%
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Autism	10.3%
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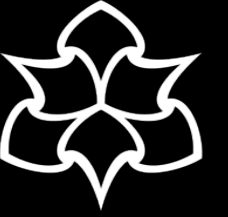
Self-harm	18.3%
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Suicidal thoughts	25.4%
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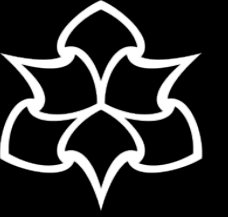
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ACEs	79.4%
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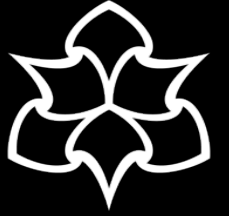
## To cope

*“I just didn’t like, I didn’t like my life, I didn’t like myself, I didn’t want to know what was going on, I didn’t like, I thought life in general as just rubbish, boring [. . .] **To get me out of my own head, mate. I didn’t have to worry about or think about anything when I was on ket, it just solved all my problems,** until it made them worse the next day. I found that, I couldn’t see a way to fix anything other than using.” (24-year-old Male, Stockport)*



# Mental Health

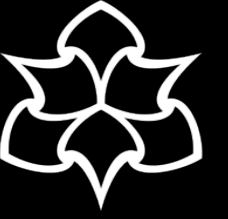
Develop a better understanding of the **links between trauma, anxiety, and self-medication**, including establishing better professional understanding of whether people who report self-medicating have tried to access mental health services or approached a GP, or if self-medication was to avoid having to engage.



# Mental Health

The finding that ketamine is being used to self-medicate leads us to recommend the facilitation of **quicker access to mental health treatment for those who self-medicate.**

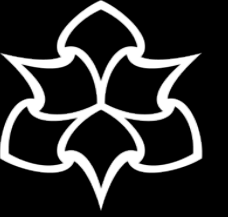
This should include **screening (*Assist Lite*)** for substance use and brief intervention delivered at point of contact with mental health services (and other services).



“Cocaine, they [young people] don’t use it so much as it is quite expensive, but **they are using ketamine as it is very, very affordable.**” (Substance Misuse Advocacy Worker, Trafford & Salford)

## Affordability

“... for me I would say **cost effectiveness**, I know it sounds a bit silly but like that is way cheaper than me going on a night out and getting drink after drink after drink.” (23-year-old male, Salford)



## Affordability

“So, *if I wanted to buy, like, a gram, it would be 20 quid.* But [...] I would buy it in, like, 10 grams and that would be, like, significantly cheaper than what you would expect. . . but probably **70 or 80 pounds for 10 grams** of ket.” (18-year-old female, Bury)

“You could get it for **as low as ten [pound] a gram.**” (18-year-old male, Trafford)



# Drug Market Changes

**KETAMINE S-ISOMER SHARDS - 89%**  
Dissociatives → Ketamine · Stock Unlimited · ★ 5.0 (80)

- Premium Dutch quality - Made and tested in the laboratories of the Netherlands.
- We ship your order within 24 hours after its marked as sent.
- 24/7 Customer support we will answer within 24 hours.
- Very flexible
- Fast and secure shipping
- High quality - lowest price guarantee!

**TOP QUALITY KETAMINE NEEDLE FROM INDIA!!!!**

- IMPORTED INDIAN KETAMINE S!
- NEEDLE FORM!
- 99% LAB TESTED
- COLOR IS WHITE
- 100% QUALITY GUARANTEED
- SUPER STEALTH AND DECOY
- FOLLOW YOUR PACKAGE STEP BY STEP WITH TRACKING!
- SHIPPING FROM NL/BE
- ORDER TODAY, NEXT DAY SHIPPING!

**Pure Ketamine Shards 1g-28g**  
Dissociatives → Ketamine · Stock 1,136.00 · ★ 4.8 (41)

Pure Ketamine Shards 1g-28g

- from 1.00 gr @ £15.00
- from 2.00 gr @ £11.25
- from 3.50 gr @ £10.00
- from 7.00 gr @ £9.30
- from 14.00 gr @ £8.60
- from 28.00 gr @ £8.20

**FREE KET**

Every product in this list comes with a FREE equivalent of ket :)

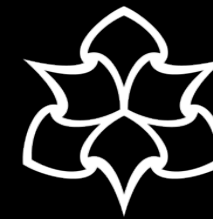
- + FREE
- + FREE
- + FREE
- AMMONIA ROCK + FREE
- MDMA + FREE
- 300MG XTC PILLS + FREE

Back to Main menu

**+ FREE**

**PROMO · Stock Unlimited · ★ 5.0 (1)**

**PLUS FREE K**  
**EXAMPLE: 1G SNOW + 1G KET**



Greater Manchester Drug Early Warning System  4th June 2024.

# KETAMINE

## Adulterated with Xylazine

Several recent tests in Manchester on samples of drugs sold as ketamine have detected the presence of **xylazine**.

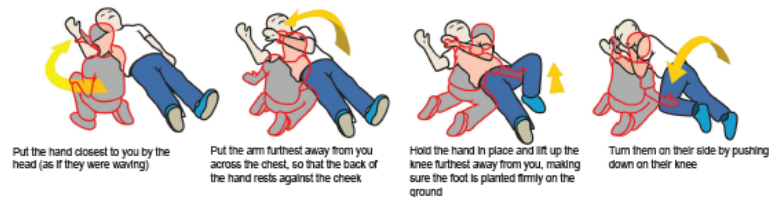
- **Xylazine** is a potent sedative used by vets on large animals.
- **Xylazine** has been found as an adulterant in heroin and in a range of other drugs. It has been associated with at least a dozen deaths in the UK.\*
- The combination of **Ketamine** and **xylazine** is likely to result in extreme sedation and could be fatal. Using alcohol or other drugs at the same time increases the risk.
- The combination of **Ketamine** and **xylazine** will also leave you extremely vulnerable and at risk of sexual assault and robbery.

\*Xylazine can cause severe skin ulcers, although this thought to be a result of dirty injection equipment.

### Harm Reduction Advice

- Start any new batch of ketamine with a small test dose and don't take more for at least an hour.
- Make sure you are in a safe environment
- Don't use alone as there is nobody to help if you overdose.
- If using with friends, take it in turns so you can look out for each other.
- If somebody overdoses, has a fit or is in distress, call for an ambulance or seek help straight away.
- If a friend is unconscious and can't be roused, put the person into the **recovery position** to avoid them drowning in their own vomit. Call for an ambulance or seek help from medical welfare staff straight away.

### The Recovery Position



Dependent often daily use of ketamine is increasing and leading to an increase in serious damage to people's bladder, kidneys and liver as a result.

Help and advice is available from your local drug service  
<https://www.talktofrank.com/get-help/find-support-near-you>

Greater Manchester Drug Early Warning System  19th November 2025.

# KETAMINE

## Contaminated with Medetomidine

Several recent lab tests in Manchester on samples of drugs sold as ketamine have detected the presence of **Medetomidine**.

- **Medetomidine** is a potent sedative used by vets on large animals.
- **Medetomidine** is similar to Xylazine but 200 times more potent and longer lasting.
- The combination of **Ketamine** and **Medetomidine** is likely to result in extreme prolonged sedation and could be fatal.
- The combination of **Ketamine** and **Medetomidine** may also leave you extremely vulnerable and at risk of sexual assault or robbery.

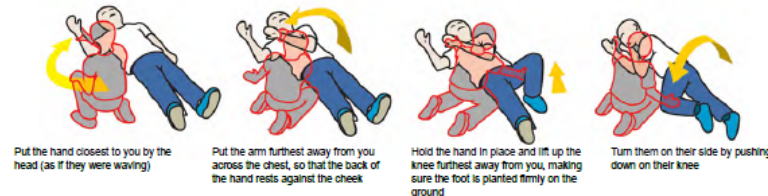
### Harm reduction Advice

- **Test your ketamine with Medetomidine test strips\* (throw away if positive)**
- **Start with a small test dose and don't take more for at least an hour**
- **Don't use alone: look out for your friends**

### If a friend is in trouble

- **Medetomidine causes heavy prolonged sedation. If they have trouble breathing, turn pale or have blue lips: clear any vomit that is blocking their throat; lean the head back; use CPR if you know how**
- **If they are unconscious and can't be roused, put them into the Recovery Position to avoid them drowning in their own vomit**
- **If a friend is in trouble, phone for an ambulance or seek help from medical welfare staff straight away. If in doubt, call for help.**

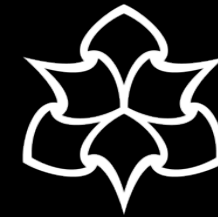
### The Recovery Position



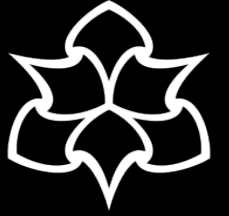
\*Medetomidine test strips can be purchased online.

Dependent often daily use of ketamine is increasing and leading to an increase in serious damage to people's bladder, kidneys and liver as a result.

Help and advice is available from your local drug service  
<https://www.talktofrank.com/get-help/find-support-near-you>

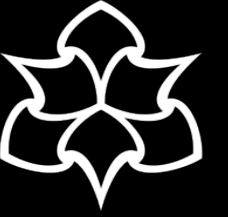


# Key Issues



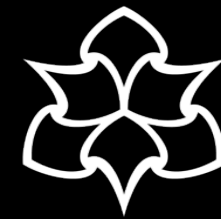
# The need for earlier engagement

*“Often by the time they access our service they are already in need of urological support and intervention. **We need to be seeing them earlier.**”* (Young Person’s Substance Use Practitioner, Stockport)



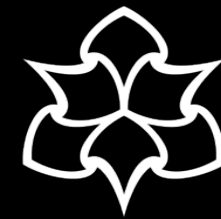
## The need for earlier engagement

*“I was having cramps, and I’ve gone with my partner to a hotel because it’s just falling apart at home, and I was just on the bathroom floor there, just **throwing up bile, pissing blood on the floor, couldn’t move, sniffing [ketamine] off the floor,** and I just broke then, and I went to a rehab thing in Blackpool. And when I came out of there, got involved with Mosaic.” (24-year-old male, Stockport)*



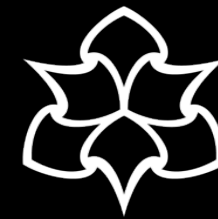
## The need for (appropriate) awareness raising

*“I never really knew about things like **bladder damage**, addiction and all that. The negative stuff I used to hear growing up was about it being a bad look you know, getting ‘ket-legged’ and out of it when you’ve done a bit too much you know?” (20-year-old male, Stockport)*



## Fear of bladder removal

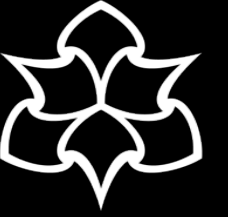
*“To be honest I just didn’t want to know. I just kinda [sic] buried my head in the sand as they say. I knew really that it was the ket that was causing it, so **I didn’t want to go to the doctors or treatment service and get told I need a [urostomy] bag.**”* (22-year-old male, Trafford)



## Fear of bladder removal

*“I know a bit about bladder damage and how you can lose your bladder because of it but I just try not to think about that one, you know what I mean?”*

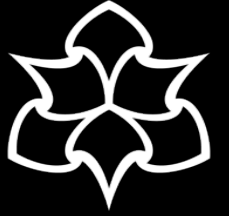
**Interviewer: “So if you thought you had bladder problems what would you do? Depends how bad I guess, but *probably nothing, I don’t wanna be told I’m having me bladder taken away.*”** (18-year-old male, Manchester)



# Poor Harm Reduction Information

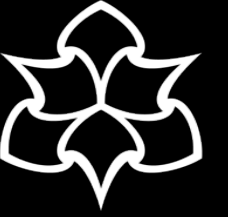
*“Make sure you crush it properly. I use a rolling pin when it’s in the bag. **The shards cut the wall of your bladder and that’s what cause the problems** with your bladder so yeah, make sure you crush it down well, that’s my top tip! [laughs]” (20-year-old male, Trafford)*

*“I always crush it up really fine. **The shards kinda** [sic] **stick to your bladder** so you have to make sure you get rid of the shards and crush it to a fine powder.” (21-year-old female, Manchester)*



# Medical response

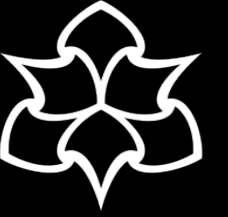
Gill et al., (2018) note that if treatment is sought out, **a poor understanding of drug related issues from medical professionals can result in misdiagnosis and recurrent patient dismissal.** We found local evidence to support this.



# Medical response

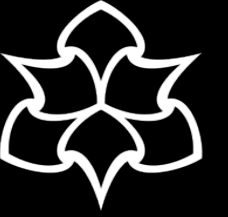
*“I’ve been laying on A&E floors, like writhing in pain crying, and you know, I was hoping with them because I was desperate for help off them . . . .”*

Interviewer: *“And what did they do? Well, **the only thing I’ve ever had off them, like I say, is Naproxen and Buscopan,** but they both take days to start helping, so I was just self-medicating because it’s not good enough to get rid of it. **So ket, diazepam, and like hot water.**”*  
(24-year-old male, Stockport)



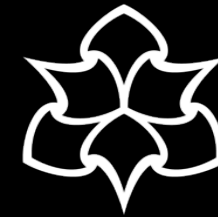
# Medical response

*“One of my clients, she was **ending up in hospital every six week or so really with stomach cramps, bladder problems** and she was quite open with them really, she knew herself it was through doing too much ket, but **she was quite frustrated really that she would just be sent home, then end up back there again a few weeks later.**” (LGBT+ Recovery Manager, Greater Manchester)*

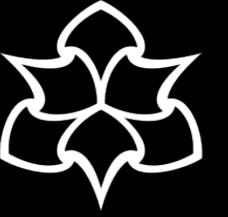


# Poor Medical Response & Understanding

*“ . . . when they present at A&E, we have young people that have **just been provided repeat prescriptions of antibiotics, and they don't get referred into young people drug services.** . . . We have to attend GP appointments with the young person and explain about Ketamine cramps and then **GPs Google it in front of the young person. They need support and training.**” (Young Person's Substance Use Treatment Service Manager, Trafford and Salford)*



# Recommendations



# Whole System Approach

- Develop more suitable treatment options for young people (appropriate 'ages and stages' community detox and residential rehab)
- Establish clear pain management protocols
- Awareness - myth busting and moving beyond '*Just say neigh*' & ketamine use = bladder removal messages
- Awareness for medical professions (GPs, Pharmacists, A & E)
- Co-occurring MH and ketamine use needs – better at understanding and addressing