ACMD

Advisory Council on the Misuse of Drugs

ACMD Chair: Professor Owen Bowden-Jones

Ketamine Working Group Secretariat: Oliver Gibson

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Tuesday 5th August 2025

Dear Sir or Madam,

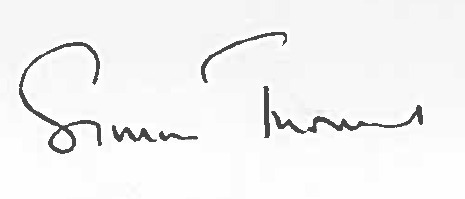
**RE: Call for Evidence – Ketamine**

The Advisory Council on the Misuse of Drugs (ACMD) is currently reviewing the evidence of the misuse and harms of ketamine and ketamine analogues in the United Kingdom, as requested by Government. The report aims to consider the evidence regarding the current use and harms of these compounds.

The ACMD would be grateful for your written feedback by **Tuesday 19th August 2025**, using the attached questionnaire, as part of a public call for evidence. Wewelcome submissions of evidence from as broad a spectrum of participants as possible and would be grateful if you could please circulate this call for evidence to other colleagues and relevant stakeholders. The ACMD will use this evidence to assist in formulating advice to Government.

Thank you in advance for your assistance. If you have any questions or concerns about this call for evidence, please feel free to get in touch with us using the above email address.

Yours sincerely,

Professor Owen Bowden-Jones Professor Simon Thomas

**Chair of ACMD Chair of NPS Committee**

## ACMD Ketamine Harms Assessment – Call For Evidence

**Please consider the following information before completing the questionnaire:**

Completing the questionnaire

Although your expertise may be better suited to tackling only a subset of the following questions, it would be helpful if you were to consider every question in the questionnaire. **Please note that you are not required to answer all questions - only those where you have relevant information, experience, or evidence to provide.**

Where possible, please provide supporting evidence and references in your response. The ACMD considers a wide range of evidence as part of its advice, including published literature, statistics, data from UK organisations and expert and stakeholder opinions.

**Please return your submission to the ACMD Secretariat at**: [acmd@homeoffice.gov.uk](mailto:acmd@homeoffice.gov.uk).

How we will use your information

Respondents should note that evidence submitted will inform the development of recommendations from the ACMD and could ultimately be published. However, in the interest of confidentiality and protecting commercial interests, any information submitted will be non-attributable.

All data submitted in response to this call for evidence will be protected by the ACMD Secretariat in accordance with the UK General Data Protection Regulation (UK GDPR). Furthermore, Section 43(1) of the Freedom of Information Act provides an exemption for information which is a trade secret, whilst Section 43(2) exempts information whose disclosure would, or would be likely to, prejudice the commercial interests of any person (an individual, a company, the public authority itself or any other legal entity).

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| **Section 1: About yourself / your organisation**  **Q1. Please indicate below if the following statement is applicable:**  My submission should be considered a personal response reflecting my professional experience in this area and therefore not representative of the organisation I work for.  My submission should be considered as representative of the organisation I work for.  My submission should be considered lived or living experience.  **Q2. Please describe your personal expertise within this area and/or the nature of your organisation and your role:**  Click or tap here to enter text.  **Q2a. (For healthcare professionals only)** Please select the setting in which you work:  **Primary care (e.g. GP practice)  Secondary care (e.g. general hospital)  Tertiary care (e.g. specialist mental health or addiction services)  Community-based services  Other (please specify):** Click or tap here to enter text.  **Q2b. As part of your role, do you prescribe ketamine for long-term pain conditions?**  Yes  No  **Q2c. What type of service do you provide? (e.g. Mental health, pain management, addiction services, etc.)**  Click or tap here to enter text. |
| **Section 2: Ketamine Use and Associated Harms**  **Q1a) Why do illicit users of ketamine choose to use this drug?**  Click or tap here to enter text.  **Q1b) When ketamine is used alongside other substances, which drugs are commonly involved, and what are the reasons behind these combinations?**  Click or tap here to enter text.  **Q2) What information can you provide on where ketamine is obtained from by users and how it is used?**  Click or tap here to enter text.  **Q3) Which populations in the community are most affected by ketamine use and what impacts is ketamine having upon these populations? (Please refer to the details from Section 3 of the** [**ACMD Standard Operating Procedure**](https://www.gov.uk/government/publications/standard-operating-procedure-for-using-evidence-in-acmd-reports/standard-operating-procedure-for-using-evidence-in-acmd-reports-accessible-version)**)**  Click or tap here to enter text.  **Q4a) Please outline any health harms arising from ketamine use within your local area or workplace.** **(You may wish to refer to the harms listed in Table 2 and 3 of the** [**ACMD Standard Operating Procedure**](https://www.gov.uk/government/publications/standard-operating-procedure-for-using-evidence-in-acmd-reports/standard-operating-procedure-for-using-evidence-in-acmd-reports-accessible-version)**)**  Click or tap here to enter text.  **Q4b) Please outline any social harms (e.g. education, crime, housing, employment, family relationships, community safety) arising from ketamine use within your local area or workplace.**  Click or tap here to enter text.  **Q5) What are the short-term (acute) and long-term (chronic) adverse effects experienced by people who use ketamine?**  Click or tap here to enter text.  **Q6) Are ketamine users aware of the adverse effects that could be caused by ketamine use?**  Click or tap here to enter text.  **Q7) What methods might be effective in better informing users about the risks of use of ketamine and other substances?**  Click or tap here to enter text.  **Q8) Are there any areas where you believe further education, training, or resources are needed to better address ketamine use and its associated harms?**  Click or tap here to enter text.  **Q9) Do you recommend any other actions to better address ketamine use and its associated harms?**  Click or tap here to enter text. |

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| **Section 3: Interventions and Access to Support**  **Q10a) Can you provide examples of interventions employed within your local area or workplace to address ketamine use (e.g. prevention, harm reduction, treatment and recovery interventions)? If so, what evidence is there of the effectiveness of these interventions (eg: formal evaluations)?**  Click or tap here to enter text.  **Q10b) What approaches or interventions have proven effective in ensuring that individuals at risk of, or experiencing, harms related to ketamine use receive timely and appropriate support?**  Click or tap here to enter text.  **Q10c) What are the barriers to early intervention, and/or treatment entry for people developing ketamine-related harms?**  Click or tap here to enter text. |
| **Section 4: Legal Classification**  **Q11a. To what extent does the legal classification of ketamine (e.g. as a Class B drug under the Misuse of Drugs Act) influence user behaviour, such as decisions around initiation, frequency of use, or cessation?**  Click or tap here to enter text.  **Q11b. How might a change in legal status (e.g. from Class B to Class A) affect users’ willingness to seek support, engage with harm reduction services, or access treatment?**  Click or tap here to enter text.  **Q11c. What factors are most likely to deter individuals from initiating or continuing ketamine use (e.g. legal consequences, health risks, cost, availability)?**  Click or tap here to enter text. |
| **Section 5: Any Further Comments**  Click or tap here to enter text. |