ACMD

Advisory Council on the Misuse of Drugs

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Rt Hon Sarah Jones MP
Minister of State (Minister for Policing and Crime)
2 Marsham Street
London, SW1P 4DF

28 January 2026

Dear Minister,

Re: ACMD report – Ketamine: An updated review of use and harms

In January 2025 the Government commissioned the Advisory Council on the Misuse of Drugs (ACMD) to provide an updated harms assessment on ketamine. The enclosed report and supporting evidence reflect and build upon the recommendations in the previous 2013 report. Those recommendations remain pertinent, but it is unclear to what extent they have been enacted. Despite reclassification to Class B in 2014, illicit ketamine usage in the UK has continued to increase, particularly amongst young people. This updated assessment has reviewed the latest evidence and involved a range of invited experts in the field and individuals with lived or living experience of ketamine.

The ACMD recommendations below are a package of interventions to deal with the issues related to the use and harms of ketamine. These reflect that a general public health 'whole systems' approach to ketamine misuse should be adopted, as no single recommendation in isolation will be sufficient to successfully reduce the current harms associated with ketamine use.

There was a strong consensus among stakeholders, the working group and the ACMD Council that reclassification alone will not have a substantial effect on the prevalence of ketamine use and associated harms.

Recommendation 1: Classification and scheduling

It is recommended that ketamine and all ketamine analogues captured by the UK arylcyclohexyl generic text should remain controlled under the Misuse of Drugs Act 1971 as a Class B substance and their scheduling under the Misuse of Drugs Regulations should remain unchanged. This was not a unanimous decision, but it was a majority recommendation from both the Council and the Ketamine Working Group.

Recommendation 2: Changes to the arylcyclohexyl generic in the MDA

Following consultation with stakeholders, the following alterations should be made to the arylcyclohexyl generic in the MDA. Compounds captured by the generic definition should be placed in the same class as ketamine, currently Class B. They should be listed in Schedule 1 of the MDR as they have no legitimate medicinal use.

- Addition of *'4-morpholino'* to the list of replacements for the amine group in sub-para (i). This would capture 3-MeO-PCMo which has appeared in European drug markets, as well as related compounds that might be encountered in the future

- Clarification of the nomenclature anomaly in subparagraph 1 by changing the wording from *'azepyl'* to *'azetidyl'*

Recommendation 3: International Control, Criminal Justice System and Law Enforcement

UK government to consider supporting further consideration of international control of ketamine at the Expert Committee on Drug Dependence (ECDD) of the World Health Organization (WHO).

Recommendation 4: Ketamine supply chains

The UK government should:

(A) Evaluate current intelligence gathering about ketamine supply chains internationally and within the UK.

(B) Identify countries from which the largest amounts of ketamine enter the illicit UK market and hold discussions with their governments on how supply can be reduced.

Recommendation 5: Field testing for law enforcement

(A) Rapid, highly specific multi-drug (including ketamine) field-testing kits for use in law enforcement should be further developed, evaluated and, where possible, deployed.

(B) The Home Office should work with law enforcement agencies to ensure they have suitability capability for the field testing of ketamine. This would include Home Office and non-Home Office Forces, NCA and Border Force.

(C) The Home Office and the Department for Transport should work with police forces to expand roadside drug drive testing to ensure the testing of ketamine

(D) Forensic service providers, especially those working with bulk seized drugs, toxicology samples and wastewater analysis, should develop chiral separation methods to monitor abuse potential and possible diversion of esketamine.

Recommendation 6: Drug testing on arrest

Drug testing on arrest should be expanded to include ketamine, to help understand the link between these drugs and criminality, and to facilitate signposting of individuals with problematic use to appropriate support services to help deter future offending and safeguard them.

Recommendation 7: Ketamine-related offences

Police forces to record how many individuals are being charged with and convicted of ketamine-related offences and how many are processed through an out-of-court resolution.

Recommendation 8: Health and social care

The potential value of a National Patient Safety Alert on ketamine cascaded to all NHS healthcare organisations should be considered. This would inform healthcare staff of the public health threat caused by increasing ketamine use and summarise its associated health harms. It should mandate NHS organisations to ensure that their staff have appropriate information available to support and refer people with ketamine use disorder and its complications.

Recommendation 9: Treatment

The following arrangements should be available across the UK for the treatment of ketamine-related harms:

Community drug services, primary care providers, education and social care providers, mental health services and hospitals should work collaboratively to deliver holistic support. This should include drug treatment alongside specialist urology, pain management, hepatology and gastroenterology services. Vulnerabilities that may make people more at risk from ketamine-related harms, including but not limited to, mental ill health; neurodiversity; family disruption; educational non-attendance and exclusion; and criminal exploitation should also be addressed. These services must involve professionals with expertise in ketamine use disorders, be adequately funded, clearly publicised, and supported by streamlined referral pathways to enable timely and coordinated care. Services for young people under 18 should have similar arrangements, with clear provisions for transition into adult care when needed.

Recommendation 10: Prescribing

Prescribing of ketamine or esketamine for long-term conditions requires:

(A) Development of clinical guidelines for off-label use of ketamine or esketamine with appropriate governance, where these do not already exist. These should define who is able to prescribe appropriate doses and indications for ketamine use, monitoring of response and adverse effects and criteria for discontinuation. They should include templates for prescribing in the community.

(B) Establishment and funding of a patient registry with appropriate governance arrangements to track off-label use of ketamine and related products, including use in psychiatry and chronic pain management.

Recommendation 11: Prevention, Education and Training

A review of current ketamine-specific education and training resources should be undertaken to identify gaps in provision, and educational programmes about ketamine use should be designed and targeted at key ketamine user groups, healthcare professionals and the wider general public. These measures should increase awareness of ketamine, its short- and long-term health and social harms and appropriate sources of support.

Recommendation 12: Harm reduction

Integrated harm reduction approaches should be developed and delivered, combining education, professional training, access to drug checking and safer use practices. Delivery should be through a range of community-based services and incorporate outreach activities to reach the diverse groups who use ketamine. In addition to safer use guidance, activities should help people develop the skills and confidence to recognise and seek support for early warning signs of bladder damage, and discourage unsafe self-treatment. Harm reduction activities should include environmental and situational safety, and the effects of ketamine on risk taking, decision making and ability to give consent.

Recommendation 13: Research and evaluation

Research should be commissioned, with appropriate funding available, for the following:

(A) Assessment of the incidence, risk factors and management of ketamine use disorder and its long-term complications, including the relationship between ketamine use and mental health disorders.

(B) Improving management of problematic ketamine use, including ketamine uropathy and ketamine dependency.

(C) Assessment of the impact of drug screening for identification of ketamine use in those presenting with relevant symptoms.

(D) Evaluation of the implementation and effectiveness of education, training and harm reduction programmes addressing the use of ketamine.

Recommendation 14: Surveillance

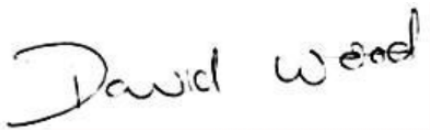
To facilitate monitoring of ketamine harms, ketamine should be included in the data collected by health services about drug use, including ambulance services, emergency departments and hospital admission statistics. Data on presentation with ketamine-related harms to urology clinics should also be collected.

Recommendation 15: Research and evaluation

Research should be commissioned to determine the impact of changes to classification of substances under the Misuse of Drugs Act 1971 on the prevalence of use and harms. It should also study the relationship between legal classification of drugs and the perceptions of users about risks and harms.

We welcome the opportunity to discuss this report and its recommendations with you in due course.

Yours sincerely,



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