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**Re: ACMD advice on ketamine – other recommendations**

I am writing following my earlier response to the Advisory Council's recommendations on the reclassification and rescheduling of ketamine to provide the Government's response to the public health, research, treatment and forensic identification recommendations.

As you are aware, my officials have been in discussions with their counterparts in the other Government departments with responsibility for these recommendations to coordinate a Government response. These discussions have concluded but took longer than expected and have caused a delay in the Government response. My officials inform me they have kept you updated on their progress.

The Government response to the Advisory Council's recommendations is provided in the attached table. The responses provided by the Department of Health, the Medicines and Healthcare Products Regulatory Agency and the Ministry of Justice address the issues raised by the ACMD recommendations around public health, research, treatment and forensic identification. In the case of recommendations that cover devolved matters, the Government response applies as it relates to England. I expect that the Devolved Administrations will respond directly to the Advisory Council to confirm action they are taking to address the concerns raised as it relates to their jurisdictions.

Since I last wrote to you, the Order implementing the reclassification of ketamine as a Class B drug has successfully been approved by both Houses of Parliament and came into force on 10 June 2014. My officials are preparing to launch a public consultation on rescheduling, as recommended by the

Advisory Council, in the coming weeks. My officials are happy to discuss the consultation proposals and outcomes with the Advisory Council. The Government will make a final decision on the appropriate schedule in which to place ketamine under the Misuse of Drugs Regulations following the outcome of the public consultation. I will write to you again to confirm the Government's decision.

I would like to thank the Advisory Council once again for its diligence and thoroughness in completing the review.

Yours sincerely,

**Norman Baker MP**  
**Minister of State**

## Annex A – Table: Government response to other ketamine recommendations

Recommendation	Department	Government Response
<p>1. Healthcare practitioners, particularly, but not just, GPs, should ask patients presenting with unexplained urinary tract symptoms about ketamine use.</p>	<p><b>DH</b></p>	<p>The Government accepts this recommendation and will take to steps to raise awareness among health care practitioners, including, but not limited to GPs, that they should be alert to the possibility of ketamine-induced damage in patients who present with unexplained urinary tract symptoms and should investigate as appropriate.</p> <p>This will be achieved by (a) using our existing lines of communication with health care and public health practitioners to raise awareness, (b) supporting relevant professional bodies (such as the British Association of Urological Surgeons, the British Association of Urological Nurses, the RCGP and RCP) to develop guidance and awareness, through training, to highlight the extent of the problem and (c) guidance supported by Public Health England (PHE) for drug treatment commissioners and services.</p>
<p>2. Users should be made aware of the long-term physical risks of frequent ketamine misuse. Bladder damage and the symptoms associated with it (urinary frequency, haematuria and incontinence) can be significant and disabling and so a strong public health message should be constructed.</p>	<p><b>DH</b></p>	<p>Although the Government does not condone using ketamine, it agrees that people using, or considering using, ketamine should know about the short and long term risks associated with using ketamine.</p> <p>The Talk to Frank service provides advice and information about ketamine to its target audience of young people aged 13-18 and parents/carers of children.</p> <p>Older ketamine users will be best reached by local campaigns led by local drug services, using their own knowledge of local drug use and supported by guidance distributed by PHE.</p>
<p>3. Users and staff in nightclubs and at festivals should be informed that the analgesic, anaesthetic and dissociative effects of ketamine can potentially make users vulnerable to robbery, assault and/or rape. Users should ensure</p>	<p><b>DH</b></p>	<p>The Government agrees with this recommendation. While we do not condone using ketamine, it is important that people are aware of the health and legal risks associated with ketamine.</p> <p>We will use our lines of communication with festival organisers to notify them of the health risks and legal consequences associated with</p>

<p>that they have friends with them and staff in nightclubs and at festivals should be aware of these risks associated with ketamine use.</p>		<p>ketamine use, so that they can take appropriate action to safeguard festival-goers.</p> <p>We will explore how we can best make nightclub owners and their staff aware of the health risks and legal consequences associated with ketamine use, so that they can help keep their customers safe. At a national level, this is likely to involve working with existing bodies that represent businesses and/or staff that work within the night-time economy, such as the Security Industry Authority (the organisation responsible for regulating the private security industry, which includes 'door supervisors'). At a local/regional level it may involve drug services working with local nightclubs, supported by guidance distributed by PHE.</p>
<p>4. Ketamine should be considered as dependence forming for some users and treatment services need to be able to respond to this need with NICE-recommended psychosocial interventions.</p>	<p><b>DH</b></p>	<p>The Government agrees with this recommendation and expects that services should already be aware of this risk associated with using ketamine and to be using NICE recommended psychosocial interventions to help dependent ketamine users.</p> <p>We will use existing lines of communication to ensure that treatment services are able to provide appropriate care and support to ketamine users. PHE is supporting guidance from Novel psychoactive treatment: UK network (NEPTUNE) that will cover ketamine and reinforce the importance of using NICE recommended psychosocial interventions to help dependent ketamine users.</p>
<p>5. There is a need for joined-up treatment of those who have developed ketamine-induced ulcerative cystitis. Urological interventions should be co-ordinated with psychosocial interventions that promote future abstinence from the drug and provision of appropriate analgesia for the pain associated with ketamine-related bladder damage.</p>	<p><b>DH</b></p>	<p>The Government agrees that the treatment of ketamine-induced ulcerative cystitis needs to be joined-up and provide physical and psychological support as an integrated package. The solution is potentially complex, but requires the local commissioning of services in line with the NHS England Parity of Esteem programme, supporting Clinical Commissioning Groups in the process.</p> <p>PHE is supporting guidance from Novel psychoactive treatment: UK network (NEPTUNE) that will cover the treatment needs of those with ketamine-related health problems.</p>

<p>6. The scale of ketamine supply to the UK is unknown due to challenges with identifying border seizures of the drug. Testing at the border should be made more effective by providing the technology to accurately field test.</p>	<p><b>UKBF</b></p>	<p>The Government agrees that testing for ketamine at the borders can be made more effective. Border Force officers have access to indicative testing kits which help to identify ketamine intercepted at points of entry to the UK. This capability is currently being enhanced through procurement of sophisticated Raman technology which is being deployed at a number of prime, frontline locations.</p>
<p>7. The new Chief Coroner should promote awareness of the importance of accurately documenting ketamine and other substance-related deaths.</p>	<p><b>MOJ</b></p>	<p>The Ministry of Justice has policy responsibility for coroner law and policy; coroners are independent judicial officers and Ministers cannot interfere in their judicial decisions. Nevertheless, the Government accepts the recommendation noting that coroners depend on pathologists or other specialists for information about the cause of death. The Chief Coroner will communicate to coroners the importance of accurately documenting substance-related deaths, including ketamine related deaths in their conclusions to ensure that data on these deaths are accurate and can be monitored in the future.</p>
<p>8. It is recommended that research is carried out in the following three areas;</p> <ul style="list-style-type: none"> <li>- The incidence, mechanisms and management of bladder damage caused by ketamine use.</li> <li>- The long-term neurological, neurocognitive and psychiatric effects of ketamine use, including follow-up on those who subsequently stop using ketamine. Such studies could ideally be interdisciplinary and allow further investigation of ketamine’s physical effects including urological and liver toxicity.</li> </ul>	<p><b>DH</b></p>	<p>The Government accepts the recommendation. The National Institute for Health Research (NIHR) is funding a number of research studies on the uses and effects of ketamine. These include studies for example on:</p> <ul style="list-style-type: none"> <li>• An investigation of the cognitive and physiological predictors of the subjective effects of ketamine</li> <li>• The effects of ketamine on cortical plasticity</li> <li>• Whether minocycline reverse schizophrenia-like cognitive deficits induced by subanaesthetic doses of ketamine – a study using EEG</li> <li>• The pain-relieving effects of administering low-dose ketamine post-operatively</li> <li>• Ketamine as an alternative to ECT in treatment-resistant depression</li> <li>• Ketamine and other glutamate receptor modulators for severe depression</li> </ul> <p>NIHR programmes support applied evaluative</p>

<p>- The therapeutic role of ketamine in chronic cancer and non-cancer pain in comparison to other analgesic options.</p>		<p>research with the aim of improving patient health and care. Research funded by the NIHR generates evidence to support decision making by professionals, policy makers and patients. The NIHR has a comprehensive range of research programmes in both commissioned and response mode. The NIHR's response mode programmes provide a flexible source of funding for researchers within the NHS in England, with the aim of improving public and patient health and care. The programmes operate an open and transparent peer reviewed funding system to identify and support high quality research in the NHS.</p>
<p>9. It is also recommended that the vial size of pharmaceutical ketamine preparations should be considered. Ketamine is currently supplied in multi-dose vials but usually only a single dose is used. This results in a significant amount of waste of ketamine and the potential for diversion of this unused portion of drug.</p>	<p><b>MHRA</b></p>	<p>The Government agrees with this recommendation. Ketamine is currently approved as a single-dose vial only. However, off-label multi-dose use is recognised.</p> <p>The Medicines and Healthcare Products Regulatory Agency has responsibility for issuing marketing authorisations for medicines in the UK and will explore the possibility of reducing the vial size of ketamine with the marketing authorisation holder with the view to implementing measures to reduce associated waste from vials and the potential for diversion.</p>