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Ketamine: Use, Trends, and Associated Harms

2026

Ketamine - A Briefing Note

This briefing note on ketamine use and harm has been prepared by Turning Point. The briefing includes information on what ketamine is, why people use ketamine, trends in ketamine use, ketamine related harm, public attitudes towards ketamine, and treatment and harm reduction.

About Turning Point

Turning Point is one of the UK's leading health and social care providers. From detox treatment to supported living, its services help people tackle substance use and mental health issues, and those with learning disabilities to lead independent lives. Over 200,000 people are supported by Turning Point services in over 300 locations around the country. For more information, please visit www.turning-point.co.uk.

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1. What is ketamine?

Ketamine is safely used in several areas of human and veterinary medicine,[1] but regular recreational use can cause severe psychological and physical effects, including feelings of dissociation, where an individual's perception is detached from reality, known as the "K-hole".[2] The effects can vary according to the individual. Ketamine has anaesthetic properties which can put people at risk due to the inability to feel pain or notice warning signs. Other effects include hallucinations, nausea, respiratory depression, agitation and an increased heart rate.[3]

In a drink ketamine is unnoticeable and may increase (or be used to increase) vulnerability to sexual or physical assault.[4] Powdered ketamine or crystals are typically packaged in, small plastic bags, small glass vials, or capsules as well as paper, glassine, or aluminium foil folds. Powdered ketamine is cut into lines or bumps and snorted, or rarely it is smoked. Liquid ketamine is injected or mixed into drinks. Ketamine is found by itself or often in combination with other substances for example cocaine or MDMA.

How long the effects of ketamine last and how long the drug stays in the body depends on the dose taken, the body weight of the person taking the drug and other drug use. The length of time ketamine takes to take effect depends on how it is taken:

- Snorted - approximately 15 minutes to take effect
- Orally - approximately 20 minutes to an hour to take effect

Effects peak at about 30-60 minutes and will last around 1 – 1.5 hours, but the effects very much depend on how much is taken. People may feel 'down' and low in mood for a few days after using ketamine. Ketamine can be detected in a urine test for several days after taking it.

2. Why do people use ketamine?

Since ketamine was first synthesised in the 1960s, it quickly became a mainstay within party, clubbing and rave scenes due to its dissociative and psychedelic properties. Recreational ketamine consumption has surged, becoming the fourth most used drug in clubbing environments in the United Kingdom.[5] This is reflected in the fact that most traditional research into recreational ketamine use primarily examines its prevalence within these party/club environments.[6] Within these settings, ketamine has become increasingly normalised.

Another appeal of ketamine, especially for young people, is its cheap cost compared to other substances, such as cocaine. These may sell for around £15-£30 versus £80 per gram respectively, which is significant for many given cost of living pressures.[7]

From a 'party drug' to a preferred drug

Given its close association with party and club scenes, it would have been reasonable to assume a drop in ketamine use during the COVID pandemic. However, during this time, ketamine was increasingly used outside these social settings and with greater frequency, particularly among young people, often as a form of escapism from life stressors.[8]

Professor Ralph Roberts, from Manchester Metropolitan University found a higher prevalence of young people taking the drug in order to relax, after their day of studying or working.[9] The drug's dissociative effects were often quoted as the principal reason why people used it for relaxation purposes. The same study also found evidence that, young people in particular, were using ketamine to self medicate for mental health issues.

3. Trends in ketamine use

Recent high-profile deaths associated with ketamine, including Matthew Perry and The Vivienne, have increased media and public exposure to ketamine's growing prevalence and risks, especially among younger generations. Nevertheless, many remain unaware of the rising number of individuals impacted by ketamine.

In the year ending March 2024, around 264,000 people aged 16-59 in England and Wales reported using ketamine.[10] Police figures show an increase in the amount of ketamine being seized – recording an increase of 189% of the drug being seized year-on-year from 2023 to 2024.[11] Ketamine seizures at the UK border also reached an all-time high in the year to March 2025.[12]

Across two periods, between January and April 2023 and between January and April 2024, the Home Office surveyed sixteen wastewater treatment plants. These plants serve approximately 18% of the England's population. This wastewater analysis was used to estimate consumption rates of several substances. Ketamine saw the largest increase of the substances for which usage estimates were created – an increase of 85% between the two sample periods.[13]

Links with deprivation

Research shows the socioeconomic profile for individuals using ketamine has evolved over time. Ketamine harm is increasingly connected with poly drug use and adulterated drug use, involving more complex, dependent, and riskier patterns. Economic deprivation, unstable housing, and deep-rooted marginalisation contribute to these patterns. As adulterated drugs tend to be cheaper, deprived communities more frequently encounter these harmful substances.[14]

Younger age of use

The peak age group for ketamine use in the UK is 20 to 24 years, however there are many people far younger than this using the drug.[15]

Ketamine treatment statistics show that the numbers of young people entering treatment for problematic ketamine use is increasing rapidly. In the year 2021 to 2022, 5% of all children and young people aged 17 and under in treatment for substance use were there because of their ketamine use. By 2024 to 2025, this had jumped to 9%, overtaking ecstasy in terms of the number of young people in treatment for the first time.[16] This means ketamine is now one of the most common substances young people are receiving treatment for, behind cannabis and alcohol.[17]

Further, social media has increased the accessibility of ketamine among young users in the UK. Psychedelics and hallucinogens (psilocybin mushrooms, LSD, MDMA and ketamine) were the second most common drug type for young people to encounter on social media. One study conducted between October 2023 and May 2024 found that approximately 20% of illicit drug adverts encountered by young people on social media were advertising these types of drugs.[18] 29% of young people responding to this survey indicated they had seen an advert on social media selling illicit substances. It is also important to note that different social media platforms have different tendencies to host illicit drug adverts. Of those who answered that they had seen an illicit drug advert on social media, 83% had encountered them on Snapchat,[19] a platform primarily popular with younger generations.

4. Ketamine related harm

Whilst many people may only have limited interactions with ketamine as a form of recreational drug, for those with continued and consistent use, there are severe health ramifications.

Once people begin to use ketamine regularly their tolerance increases rapidly, often leading to significantly increased dosages to achieve the same effect. It is common for frequent users to administer twice the dose of infrequent users.[20]

Adulteration of ketamine

As ketamine becomes more widespread in the illicit drugs market, reports of adulteration of ketamine with other, more harmful, substances are becoming more common. Many of these adulterant substances are virtually impossible to detect for people who use ketamine.

Concerningly, synthetic opioids have been found as adulterants in ketamine.[21] A new type of opioid that arrived in the UK in the early 2020s are nitazenes. Nitazenes are highly potent opioids, many times stronger that heroin. Their inadvertent use by people taking ketamine greatly increases the risk of accidental overdose and fatality.[22]

Harm associated with snorting ketamine

Snorting ketamine can result in an impaired sense of smell, damage to the nasal passage and sinus cavities and damage to the structure of the nose over the long-term.[23] In extreme cases, this may lead to a perforated septum or even collapse of the inner nose.

Injecting Harm

Injecting ketamine is not as common as snorting it – but is nonetheless potentially harmful as a method of administration. Specifically, injecting ketamine can exposure users to blood-borne viruses. Ensuring accessibility to sterile, safe injecting equipment is an important aspect of harm reduction for people injecting their drugs. Needle and Syringe programmes offer access to a variety of equipment such as needles, syringes, Vit C, Citric, sterilising swabs, cookers, naloxone, foil and more, as well as advice about support available from drug and alcohol services and community pharmacies.

Bladder damage

Ketamine Bladder Syndrome (Ketamine-associated cystitis, Ketamine-associated urinary tract pathology, Ketamine uropathy, K Bladder) refers to damage of the bladder as a result of ketamine use.

The first cases of Ketamine Bladder were documented in 2007, and since then the condition has become increasingly common.[24] The condition occurs when the walls of the bladder become irritated and inflamed (cystitis). It is thought this severe inflamation occurs as a result of the breakdown of the products of ketamine by the excretive system.[25] Ketamine breaks down in metabolites, which leave the body through the bladder, as they come in to contact with the lining of the bladder wall, they cause inflammation. Without treatment, this can become a serious condition, with scarring (fibrosis) of the bladder tissue developing over time. Once scarring has occurred, the only viable treatment is usually major surgery.[26]

Signs and symptoms of Ketamine Bladder Syndrome include:

- Pain on passing urine
- Blood in urine
- Incontinence (having accidents)
- Needing to go to the toilet more frequently
- Feeling a sense of urgency to pass urine (even when it hasn't been long since you last went)
- Needing to get up in the night to pass urine
- Pain in the lower abdomen and pelvis area

Reduced bladder capacity resulting from Ketamine Bladder Syndrome can have highly detrimental effects on a person's life, and consideration for this should be given when designing treatment (e.g. frequent toilet breaks during group sessions). The only way to reliably ameliorate the symptoms of Ketamine Bladder Syndrome is through either full or partial cessation. Cessation of ketamine may result in an improvement in urinary symptoms in 51% of cases.[27] This can be difficult as many ketamine users report that the only thing which grants them temporary relief from the pain of ketamine related symptoms is taking more of the drug.

K-cramps

Further research on the effects of ketamine use on the body is needed, and only one official study was conducted into K-cramps in 2024.[28]

Ketamine cramps refer to severe abdominal and lower back pain and are often linked to stomach acid damage, kidney stress and bladder inflammation. Cramps typically resolve and subside after twenty four hours of discontinuing ketamine use. They are likely to recur when the person takes ketamine again.

Weight loss

Anecdotally, the drug treatment sector has seen an increase in people supported who are experiencing severe malnutrition as a result of their ketamine use. Indeed, ketamine may affect people's appetite when using the substance regularly, leading to rapid weight loss, feelings of exhaustion and a weakened immune system.[29]

Mental health impacts

A study published in 2025 used a cross-sectional questionnaire to ask 274 participants about their ketamine use. Many of those in the study also reported co-existing diagnosed mental health conditions, some 58.8% of participants.[30] A further study in China from 2016 found that people using ketamine recreationally commonly presented with symptoms of depression. The study also found that higher frequency and dosage in usage were associated with more severe depressive symptoms.[31]

Impacts on cognitive function

There have been several studies showing that ketamine use can induce significant cognitive impairment. Morgan et al. (2014) assessed cognitive function in a sample of frequent, infrequent, abstinent, and non-ketamine users at one point and then again 12 months later. [32] They found that across a wide range of cognitive tests, frequent ketamine users exhibited various cognitive impairments. In particular, there was a marked decline in working spatial memory.[33] Regular and current users of ketamine are likely to experience short-term memory problems. However, infrequent users of ketamine and people who have stopped using ketamine altogether did not tend to display such symptoms, suggesting a degree of recovery after ketamine cessation is possible.[34]

Due to its cognitive and mental effects, significant dosages of ketamine can induce what is often referred to as a 'K-Hole'. During a 'K-hole', a person may experience a strong feeling of disassociation between mind and body, a feeling of being outside of their own body; a loss of sense of self, and vivid hallucinations.[35]

Deaths resulting from ketamine use

Deaths resulting solely from ketamine use have fallen over the last decade. Simultaneously, the number of deaths involving ketamine along with other drugs such as opioids, benzo diazepines, cocaine and gabapentinoids have risen.[36] A study by Pullen et al. (2025) found that opioids were the most commonly implicated co-occurring substances in ketamine deaths, accounting for 58.3% of deaths. Cocaine was co-occurring in 31.3% of cases, benzodiazepines in 20.7% and gabapentinoids in 15% of cases.[37]

5. Public attitudes towards ketamine

Despite the rise in use and harm caused by ketamine, research suggests that people continue to underestimate the risks of ketamine use.[38] Whilst ketamine is widely known due to its status as a 'party drug', the harms associated with ketamine use are less understood. Previous research indicates that the majority of people (59%) do not have sufficient awareness of the risks associated with ketamine use.[39] This lack of awareness also extends to knowledge around the availability and accessibility of services.[40]

Stigma: a hurdle to seeking support

Stigma surrounding drug use is entrenched, operating at multiple levels including societal, public services, interpersonal, and intrapersonal.

The impact of stigma can be profound and represents a significant barrier for individuals seeking support. People struggling with drug use routinely experience stereotyping, moral judgement, and social exclusion.[41]

Stigmatisation of addiction can lead to significantly increased harm, even costing lives. There are many misconceptions around ketamine, and this is unfortunately reflected in the

terminology used around the substance, including by healthcare professionals. Phrases such as 'it's not addictive', 'just stop' are all too common. These can be stigmatising, discouraging people from seeking support, as well as being ineffective messages for prevention.[42][43]

The reduction of bladder capacity for ketamine users and need to frequently urinate can be a source of embarrassment. Incontinence leads many to avoid seeking support for their ketamine use altogether.[44]

Criminal penalties

Evidence consistently shows that increasing criminal penalties does not significantly deter drug use, and inversely, reducing penalties does not encourage use.[45] Indeed, this has historically been the case for ketamine in the UK. Ketamine use among young people more than doubled after it was first made class C under the MDA 1971, and doubled again following its reclassification to class B. Although this does not imply that classification directly increased use, it shows that punitive policy has failed to prevent a 300+% surge since. [46]

6. Treatment and Harm Reduction

Reducing harm

Turning Point advice to reduce the harm caused by using ketamine includes:

- Start low and take it slow. Be careful not to take too much and only use ketamine in a safe environment. Accidentally going into a k-hole in a busy or unsafe place can be a scary and dangerous experience.
- Don't do bumps/keys on a dark dancefloor/unlit space. This can result in taking a bigger dose than intended.
- Keep track of use and try not to use too often. Ketamine tolerance builds up fast and you can quickly end up needing to use large doses to get the desired effect leading to dependence.
- Cramps in your abdomen ("k-cramps"), needing to pee more often and blood in your pee are all signs that ketamine is causing damage to your internal organs. If any of these things occur, stop using ketamine. In serious cases people have had to have their bladders removed.
- Stay well hydrated before, during and after taking ketamine to reduce the damage to your bladder.

- If snorting ketamine, chop finely and don't share snorting tubes, as there is a risk of bloodborne virus transmission.
- Wash out your nose at the end of a session to reduce the damage to your nasal passages.
- Avoid mixing with other drugs, particularly other 'downers' like alcohol or benzos as they will amplify the effects of each other, putting you at risk of an unpredictable experience.
- If someone collapses or becomes unresponsive, seek immediate medical attention.
- If injecting ketamine, make sure you are using clean equipment.
- Do not drive after taking ketamine.
- Ketamine may reduce inhibitions and lead to unprotected sex, therefore carry condoms.

Treatment

The latest Government data shows that there was an increase in the number of adults entering treatment in 2024 to 2025 with ketamine problems (from 2.3% in 2023 to 2024 to 3.2% this year) as a proportion of the overall number of people entering treatment for drug related issues. The number of ketamine users starting treatment (5,365) is now over 12 times higher than it was in 2014 to 2015, when the number entering treatment was only 426.[47] 'Starting treatment' refers to either receiving treatment for the first time or returning to treatment having had a break of over 21 days.[48] This represents a significant increase on the year prior, 2023-24, when 3,609 people started treatment for their ketamine use.[49]

Research from Manchester Metropolitan University highlights the potential under representation of ketamine use in the National Drug Treatment Monitoring System, as ketamine often may not be a young person's primary, secondary or even tertiary problem substance, but it is nonetheless a substance they use and is causing harm. In polysubstance use cases such as this, some people who use ketamine will not be being registered as such in the National Monitoring System.[50]

In 2024, the British Association of Urological Surgeons (BAUS) issued a Consensus statement on management of ketamine uropathy, however, some Urologists still have a limited understanding of Ketamine Use Disorder. Health impacts are often wrongly treated as infections.[51]

A 2025 survey in Cheshire and Merseyside, a high-prevalence region, revealed that while secondary-care professionals had better awareness, primary-care GPs had low familiarity with BAUS guidelines, and many referred cases rather than managing them directly. [52]

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