

## KETAMINE USERS: ENVIRONMENTAL ADAPTATIONS TO BUILDINGS FOR DRUG SERVICES

Ketamine-related bladder issues are increasingly common among service users and can have a significant impact on a person's dignity, engagement, and wellbeing. These symptoms are not only physically distressing but also carry a high risk of shame, stigma, and disengagement from support services. As such, it is vital that services recognise these challenges and adapt both their environments and processes to offer safe, inclusive, and trauma-informed care.

### The Basics



## DISCREET, EASY TOILET ACCESS

Locate at least one toilet close to the waiting/support rooms, with non-public, discreet access.

Avoid situations where individuals must ask staff permission or walk through public areas when distressed or experiencing urgency.

Ensure clear signage using symbols rather than just words for neurodiverse or low-literacy users.



## PRIVATE WAITING AND SUPPORT ROOMS

Use rooms close to toilets for people known to have ketamine-related bladder issues.

Offer flexible room booking or drop-in spaces to avoid long waiting times that might exacerbate anxiety around incontinence.



## INCONTINENCE SUPPLIES

Provide incontinence pads, wipes, and disposal bins in all toilets, including accessible and gender-neutral toilets.

Use discreet packaging and keep signage friendly and non-stigmatising (e.g. "Bladder support items available here").



## ODOUR AND CLEANLINESS MEASURES

Ensure rapid-cleaning protocols for accidents without shaming individuals.

Use good ventilation and cleaning schedules in toilets to reduce discomfort for all clients.



## NON-JUDGEMENTAL INTAKE QUESTIONS

Include questions about bladder symptoms in assessments using compassionate language:

***“Some people find ketamine affects their bladder. Is that something you’ve experienced?”***

Staff should be trained to avoid euphemisms or embarrassment, and instead offer clear, informed explanations.



## FLEXIBLE APPOINTMENT SCHEDULING

Offer shorter sessions for those needing frequent toilet access.

Allow for breaks during sessions without judgement.



## TRAUMA-INFORMED APPROACH TO ACCIDENTS

Create a no-blame culture for incontinence incidents.

Staff should be trained in how to support someone with empathy and discretion if an accident happens.



## RECORD-KEEPING

Log bladder issues and adapt support plans without labelling or discrimination.

Maintain confidentiality and respect, especially if shared toilets are involved.

# FURTHER CONSIDERATIONS:

## CQC Compliance (for Adult Services)

To remain CQC compliant while adapting:

- ❑ **Safety and Dignity (Regulations 10 & 12):**  
*Your adaptations demonstrate respect for dignity and prevention of avoidable harm.*
- ❑ **Premises and Equipment (Regulation 15):**  
*Clean, accessible toilets with adaptations are a compliance strength – especially when service users with continence issues are considered in design.*
- ❑ **Person-Centred Care (Regulation 9):**  
*Tailoring services to accommodate bladder issues supports personalised care.*
- ❑ **Overall:**  
*Ensure staff are trained to safeguard without discrimination against people who may be vulnerable due to physical health impacts of ketamine use specifically.*

## Safeguarding for Under-18s

Supporting young people requires more nuanced safeguarding steps:

- 1. Age-Appropriate Toilets**
  - ❑ Ensure accessible, clean, private toilets separate from adult users where possible.
- 2. Supervised Access with Dignity**
  - ❑ For younger people, especially those under 16, services should develop risk-assessed toilet access policies that balance supervision and privacy.
- 3. Safeguarding Training**
  - ❑ All staff should understand:
    - ❑ *When repeated toilet use might be a safeguarding concern*
    - ❑ *When it is a medical need (e.g., ketamine bladder)*
    - ❑ *And how to handle both without shame*
- 4. Consent and Confidentiality**
  - ❑ Ensure under-18s know they can speak to staff confidentially about bladder issues and that staff will not overreact or shame them.

**By making small but meaningful changes to buildings, processes, and staff practices, services can significantly reduce the stigma surrounding ketamine-related bladder issues and improve outcomes for service users.**

*This document is produced by Risk and Resilience for information and guidance purposes. If you require any further support or information, please get in touch:*

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