

SUGGESTED CLINICAL GUIDELINES FOR KETAMINE DETOX (ADULTS & UNDER-18S)

Purpose

To guide safe, effective, and trauma-informed detoxification and aftercare for individuals using ketamine, focusing on both adults and young people. This protocol aims to reduce harm, support recovery, and link individuals to holistic and integrated care.

1. ASSESSMENT AND TRIAGE

Area	Actions
Initial Screening	Conduct a comprehensive biopsychosocial assessment: duration, dose, route of ketamine use; polysubstance use; bladder symptoms; mental health (inc. psychosis, suicidality); safeguarding; exploitation risk. Use KWBSAS screening tool.
Risk Management	Assess for acute intoxication, suicidal ideation, trauma history, and psychotic symptoms. Use safety planning as needed.
Medical Baseline	Screen for ketamine bladder symptoms (frequency, urgency, pain), liver/kidney function (if available), and nutritional status. Consider urinalysis.
Safeguarding (U18s)	Refer to MASH or safeguarding lead if exploitation, abuse, or neglect is suspected. Involve CAMHS and school safeguarding where appropriate.

2. DETOXIFICATION APPROACH

Ketamine does not require pharmacological tapering. Detox involves symptom management, psychosocial support, and risk reduction.

A. Environment

- Calm, low-stimulus space.
- Supportive staff trained in trauma-informed practice.
- Consider inpatient admission only if acute psychiatric or medical risk is present.

B. Symptom-Responsive Medication

Symptom	Suggested Medication	Notes
Anxiety / agitation	Diazepam 5–10mg up to QDS (short-term)	Monitor for respiratory depression
Psychosis	Haloperidol 2–5mg or Quetiapine 50–100mg	Only if symptoms are severe; review after 48h
Insomnia	Zopiclone 3.75–7.5mg (short term)	Use caution in poly-substance users
Bladder pain	Paracetamol ± NSAIDs, refer to urology	Encourage hydration (2–3L/day)

For under-18s, medication should be prescribed in consultation with CAMHS or paediatrics. Use the lowest effective dose and always consider psychological alternatives first.

3. PSYCHOSOCIAL INTERVENTIONS

Adult Services	Young People
Motivational Interviewing (MI) to explore ambivalence and increase engagement	MI tailored to age, peer group influence, and identity
CBT for relapse prevention and trauma triggers	Family therapy or adolescent CBT (inc. managing anxiety/trauma)
Peer support / recovery groups	Youth-specific peer support, if available
Link with bladder clinics, GPs, and mental health teams	Multi-agency care plan with CAMHS, school, youth worker, and family

4. MEDICAL & PSYCHIATRIC FOLLOW-UP

- ❑ **Urology:** Refer all patients with significant urinary symptoms (frequency, urgency, haematuria, incontinence).
- ❑ **Mental Health:** Refer to CMHT or CAMHS for individuals experiencing:
 - ❑ *Ongoing psychosis*
 - ❑ *Suicidal ideation*
 - ❑ *Depression or trauma-related symptoms*
- ❑ **Physical Health:** Check for nutritional issues, liver/kidney function, hydration, and co-existing infections (e.g. STIs).

5. AFTERCARE & RELAPSE PREVENTION

Action	Description
Relapse Planning	Identify triggers (e.g. boredom, anxiety, peer groups). Co-develop coping strategies. Use "urge-surfing" or distraction techniques.
Community Links	Connect to structured day programmes, support groups, housing, education/training.
Family Involvement	Especially for young people, include parents/carers in planning and education.
Bladder Health	Provide ongoing bladder health monitoring for frequent or high-dose users.

6. ADDITIONAL YOUNG PERSON-SPECIFIC ELEMENTS

- ❑ **Developmental Considerations:** Address brain development risks, memory/concentration issues, and self-identity disruption.
- ❑ **Safeguarding & Exploitation:** Always assess for links to county lines, coercion, or online grooming.
- ❑ **School Reintegration:** Liaise with education where possible to support routine and structure post-detox.
- ❑ **Confidentiality & Consent:** Involve young people in decisions. Apply Gillick competence / Fraser guidelines as needed.

7. STAFF CONSIDERATIONS

- ❑ **Training:** Ensure staff are trained in trauma-informed practice, dissociative presentations, and motivational interviewing.
- ❑ **Supervision:** Reflective practice should be offered regularly, especially when working with complex or young clients.
- ❑ **Multi-Agency Working:** Collaborate with GPs, CAMHS, youth justice, schools, and social care.

8. EXCLUSION/ESCALATION CRITERIA

- ❑ Severe psychosis requiring psychiatric admission
- ❑ Evidence of acute bladder retention
- ❑ Suicide attempt or severe self-harm
- ❑ Inability to engage in community-based detox

In these cases, consider inpatient mental health or medical admission, or transfer to a specialist detox unit if available.

Appendix: Quick Reference Summary

Component	Adults	Under-18s
Medical taper?	✗ No	✗ No
Detox setting	Community-based unless high risk	Community-based + multi-agency
Medication	Symptom-led only	CAMHS consult required
Aftercare	CBT, peer support, mental health referrals	Family support, CAMHS, school liaison
Bladder screening	Essential	Essential

Sources & References

1. **NEPTUNE Clinical Guidance (2015)** – Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances
<https://neptune-clinical-guidance.co.uk>
2. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) / EUDA Reports (2023–2025)** – European Drug Report & Health Responses to NPS
<https://www.emcdda.europa.eu>
3. **NICE Guidelines** – Drug Misuse Prevention and Treatment
<https://www.nice.org.uk/guidance/ng64>
4. **Royal College of Psychiatrists** – Substance Misuse Guidance and Club Drug Management
<https://www.rcpsych.ac.uk>
5. **Club Drug Clinic – Central & North West London NHS Foundation Trust**
<https://www.cnwl.nhs.uk/services/mental-health-services/addictions-and-substance-misuse/club-drug-clinic>
6. **DrugWise Ketamine Fact Sheet**
<https://www.drugwise.org.uk/ketamine/>
7. **FRANK Ketamine Information Page**
<https://www.talktofrank.com/drug/ketamine>
8. **Camden & Islington NHS Trust – Substance Misuse Clinical Pathways** (Internal guidance; 2023 draft where cited)
9. **National Institute for Health and Care Excellence (NICE) – Self-harm and Suicide Prevention in Young People**
<https://www.nice.org.uk/guidance/ng225>

Disclaimer

This document is intended as advice and guidance only and does not constitute formal clinical policy or legal instruction. It is based on a synthesis of existing UK and European sources, expert consensus, and frontline practice. While every effort has been made to ensure accuracy and relevance, practitioners should always exercise professional judgement, refer to local protocols, and consult relevant medical, legal, safeguarding, and supervisory bodies when working with clients.

It is particularly important to consult with CAMHS, paediatricians, or safeguarding leads when supporting young people, and to seek specialist input for complex cases involving mental health crises, ketamine bladder syndrome, or polysubstance dependence.