

SUGGESTED PATHWAYS FOR KETAMINE USE – USE ALONGSIDE KETAMINE STAFF RESOURCE (2025)

Below are five suggested treatment/support pathways tailored to levels of ketamine use. Each pathway incorporates appropriate screening tools, interventions, and referral options, including the KWBSAS, GPs, urology, drug services, and more.

MICRODOSING	SMALL DOSES	MEDIUM DOSES	HIGH DOSES	DEPENDENCE
<p>Use Pattern: Sub-perceptual doses for mood enhancement or mental clarity.</p>	<p>Use Pattern: Social/recreational; occasional bumps or lines at parties.</p>	<p>Use Pattern: Regular use to cope with stress, trauma, or emotional pain.</p>	<p>Use Pattern: High doses, frequent K-hole experiences, possible functional impact.</p>	<p>Use Pattern: Daily use, significant psychological/physical harm, possible bladder crisis.</p>
<p>Support Pathway:</p> <ul style="list-style-type: none"> • Initial Screening: Use Screening Tool to understand purpose and patterns of use. • Brief Intervention: Use FRAMES model for microdosing: discuss emerging evidence and self-monitoring. • KWBSAS: Optional – only if physical or psychological symptoms are emerging. 	<p>Support Pathway:</p> <ul style="list-style-type: none"> • Initial Screening using Screening Tool: – explore polydrug use and intention. • KWBSAS: Not usually required unless there are red flags. • Brief Intervention: <ul style="list-style-type: none"> ○ Use FRAMES or motivational interviewing (OARS model). ○ Offer harm reduction advice (nasal care, spacing use, hydration, etc). 	<p>Support Pathway:</p> <ul style="list-style-type: none"> • Initial Screening + KWBSAS: Complete both – look for bladder or GI symptoms. • Intervention Style: <ul style="list-style-type: none"> ○ Use adapted FRAMES for medium use ○ Motivational interviewing to explore ambivalence. 	<p>Support Pathway:</p> <ul style="list-style-type: none"> • Initial Screening + KWBSAS: Essential – assess risk and symptom burden. • FRAMES + OARS: Focus on empathy, self-efficacy, and tailored safety planning. 	<p>Support Pathway:</p> <ul style="list-style-type: none"> • Full Screening: Screening Tool + complete KWBSAS – expect “Severe” or “Very Severe” scores. • Clinical Case Management: <ul style="list-style-type: none"> ○ Intensive 1-to-1s using OARS + trauma-informed approaches. ○ Develop crisis safety plan, especially for self-neglect or bladder-related isolation.

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<p>Support Offer:</p> <ul style="list-style-type: none"> • Psychoeducation around risk to bladder and tolerance development. • Signpost to peer support, e.g., online forums or lived experience groups. 	<p>Support Offer:</p> <ul style="list-style-type: none"> • Brief interventions or drop-in sessions at drug service. • Consider engaging through outreach or harm reduction services (such as at festivals or events within educational settings) 	<p>Support Offer:</p> <ul style="list-style-type: none"> • 1-to-1 structured keyword in drug service with trauma-informed focus. • Offer small group work exploring mental health, trauma, coping alternatives. 	<p>Support Offer:</p> <ul style="list-style-type: none"> • Drug service case management with weekly 1-to-1 support. • Group work on harm reduction, bladder health, and emotional regulation. • Introduce peer mentor or lived experience support. 	<p>Support Offer:</p> <ul style="list-style-type: none"> • Tier 3 drug service multidisciplinary support (including prescriber if needed). • Mutual aid, lived experience advocates, clinical psychology referral. • Encourage ongoing KWBSAS tracking every 2–4 weeks.
<p>Referral (if relevant):</p> <ul style="list-style-type: none"> • Offer reflective space via 1-to-1s in drug service. • Encourage GP check-in if any physical symptoms arise. 	<p>Referral:</p> <ul style="list-style-type: none"> • Encourage regular self-check-ins or optional 1-to-1s. • Encourage with engagement with accessible services – such as drug testing services at festivals. 	<p>Referral:</p> <ul style="list-style-type: none"> • GP for mental health and bladder screening. • Consider referral to clinical psychologist or trauma therapist. • Signpost to mutual aid groups (e.g., SMART, substance-specific peer groups). 	<p>Referral:</p> <ul style="list-style-type: none"> • GP referral for urology/liver/kidney screening – use KWBSAS to support. • A&E if acute bladder symptoms or urinary retention appear. • Dual diagnosis team if mental health concerns coexist. 	<p>Referral:</p> <ul style="list-style-type: none"> • GP (urgent referral to urology, renal, mental health teams). • Hospital A&E if presenting with severe bladder, GI, or weight loss symptoms. • Detox and Rehab (Tier 4): <ul style="list-style-type: none"> ○ Residential support may be required, especially where physical

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				<p>symptoms, homelessness, or trauma co-exist.</p> <ul style="list-style-type: none">○ Ensure the receiving service has experience with ketamine-specific withdrawal and medical support.