KETAMINE

Screening and Action Planning Toolkit

A toolkit for those who are concerned about their use of KETAMINE and those who support them.

KFx
Learning of Substance

V1.3: 2026

About this tool:

This pack is intended for people who are recreational or dependent Ketamine users. It is intended to promote reflection, increase knowledge, screen for issues and support change.

The exercises in the pack are intended to be used (for example) over successive weeks of face-to face sessions. They could also be completed by a person on their own, but it is likely that the person will benefit from discussion and interpretation of results.

The programme follows the stages of The Cycle of Change. It is intended to support the process to the point of action.

Who should use the tool?

This tool is aimed at anyone working with Ketamine users including drugs workers, mental health workers, GPs and other agencies.

Some people using ketamine will be recreational or experimental users and will have little or no dependency. In such situations, where no complicating factors are identified, awareness and harm reduction interventions may be more appropriate. If the person wants to stop cessation programme can be followed in generic, non-drug specific settings. As such workers in numerous settings including Youth Workers, School Nurses and housing settings are well placed to work with cessation.

It is of course also suitable for those primarily working in drug settings.

Where there is a significant level of dependency, poly-drug use or a history of drug dependency, or mental illness, referral to or joint working with a drugs agency and/or mental health services is strongly advised.

Longer term ketamine use and dependency can cause significant physical and mental health problems and a multi-agency response may well be required to support change.

Which drugs are covered by this tool?

This toolkit relates exclusively to ketamine and analogues such as methoxetamine (MXE)

Further information about Ketamine:

The KFx briefing on Ketamine can be downloaded here:
http://www.kfx.org.uk/drug_facts/drug_facts_images_and_pdfs/ketamine2017.pdf

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Sample Eight Session Programme:

An example of how this toolkit could be used over eight or more sessions is as follows.

Session 1: "Special K?" Knowledge/awareness (precontemplation)
The ten question multiple choice quiz is intended to explore level of awareness about Ketamine, identify gaps in knowledge and use as a chance to do harm reduction and awareness raising about key legal and health risks. This tool can be used on its own, as an educational resource, and doesn't have to be tied to the wider action plan.

Session 2: "Close to the Edge" Risk Taking/Harm Reduction (precontemplation)
This short exercise is intended to assess key risks related to Ketamine use. The idea is to ensure harm reduction/OD awareness interventions are incorporated early on so that, even if the client doesn't engage with the rest of the programme, they leave with some information to help keep themselves safer and reduce risks.

Session 3: Ketamine Dependency Questionnaire (Precontemplative/Contemplative):
Client presents with Ketamine use but doesn't consider themselves to have any problems with benzos or to be dependent.
-Worker introduces **Ketamine Dependency Questionnaire**. This could either be filled in now or taken by the client for later completion. Feedback suggests that when people complete it on their own, at their leisure, answers are more honest and insightful so it may be worth leaving the person with a copy to complete at their leisure.

Session 4: Ketamine and Health screen
For ongoing users a more detailed exploration of health concerns is essential. While most people are now aware of ketamine-related bladder damage there are other areas of concern and these questions are intended to map this.

Session 5: MY Ket DIARY (Contemplation): It may well be that the results of Ketamine Dependency Questionnaire do not indicate significant dependency. Ket use may presently be under control but with some areas of concern. If this is the case, some Solution Focussed interventions to address where Ket is causing problems may be appropriate.
-If the results of the Dependency Questionnaire indicate a higher level of dependency, discuss this with the client, exploring how Ket use is currently having an impact.
-Introduce **My Ketamine Diary.** This is intended to look at patterns and associations of use, along with impact it may be having. Ideally the person completes it looking back at a couple of weeks and looking at the present and coming weeks.

Session 6: Weighing Up Ketamine (Contemplation/Decision):
- Review the Ketamine diary with the client. Explore frequency, scale, costs, associations and impact.
- Look at whether use is solitary or social and how the person copes without Ketamine

-Introduce the **Weighing Up Xanax** sheet. This is a classic motivational tool, exploring pros and cons of carrying on use and stopping. Ask the client to complete this and bring it back next week.

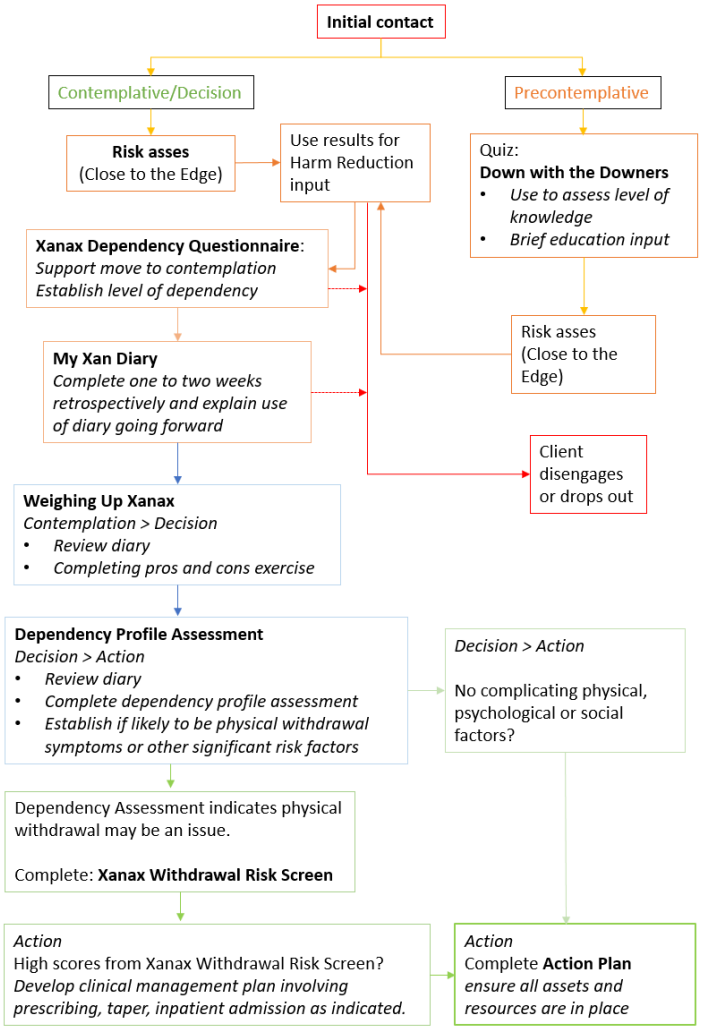
Session 7: (contemplation/decision):
-Review Diary sheet; provide fresh one if needed
-Review and discuss Weighing Up sheet. Identify key benefits and functions of ketamine use. Use motivational interviewing approach to explore tension between pros and cons.
-Introduce **Dependency Profile Assessment**. The client can either complete this now or take it for self completion. As the scoring and plotting of results is a little more complicated this may be better done with worker help, though it should be straightforward for most people to interpret the results.

Session 8: (decision/action):
- If this hasn't already been done, score and interpret the Dependency Profile Assessment with the client.
-Use the results of this to identify significant areas which will need to be addressed for change to happen
- identify if there are any referrals that may need to be made in light of these results (see physical withdrawal screen)
- review Diary (if relevant).

Session 8: (action) **Physical Withdrawal Screen**
If the Dependency Profile Assessment, Diary Sheet and initial Ketamine Dependency Questionnaire indicate physical dependency and/or mental health concerns and/or physical health problems then a multi-agency response may well be required. This isn't required where little or no physical dependency is evident.

Session 9: (action) Where decision is being made to stop Introduce **Action Plan Sheet**. This is best completed at the client's leisure. It is important that the client reaches the decision about stopping themselves. The sheet links together key points identified in the Weighing Up and Dependency sheets, so it will be useful to have all these sheets together for completing the action plan.

Follow up: session 10 onwards:
(action): Review the Action Plan sheet, identify other interventions that may have been missed. Reinforce positive reasons for change. Identify and promote alternatives to perceived benefits of ketamine.
Discuss withdrawal symptoms and coping strategies. Identify support interventions during cessation period.



SPECIAL K!

This little quiz is to look at what you know (and what you don't know) about Ketamine (more than one answer may be correct!

1: Ketamine is a member of which family of drugs?

a) Stimulants
b) Depressants
c) Dissociatives

2: Ketamine on the streets in the UK:

a) Mostly comes from Vets
b) Mostly comes from Hospitals
c) Is illegally imported, often from Asia

3: Ketamine:

a) Is used as a pain killer for humans
b) Is used as a pain killer for animals
c) Both of the above

4: Ketamine is:

a) Physically addictive
b) Psychologically addictive
c) Both of the above

5: In the UK Ketamine is:

a) Not a Controlled Drug under the Misuse of Drugs Act
b) Class C drug under the MoDA
c) Class B drug under the MoDA

6: Ketamine can cause damage to

a) Kidneys, Liver and Bladder
b) Bladder, Lungs and Heart
c) Bladder

7: Ketamine can cause damage to the bladder after:

a) A few weeks of use
b) A few months of use
c) A few years of use

8: Ketamine in the UK is sometimes contaminated with

a) Drugs like opiates which can cause fatal overdose
b) Drugs like benzos which can make you drowsy
c) Both of the above (and other things)

9: Ketamine is:

a) Usually found in powder form
b) Mostly sold in tablet form
c) Mostly sold in liquid form

10: Risks of using ketamine increase if used

a) With alcohol or opiates
b) If used with cannabis

SPECIAL K!

Answers: *how much did you know about Ketamine?*

1: Ketamine is a member of which family of drugs?

c) Dissociatives

Dissociatives stop signals travelling properly between brain and body – creating a separation "dissociation" between them. This means signals from the body – like pain – don't get to the brain so easily. But also the brain can't control the body properly.

2: Ketamine on the streets in the UK:

c) Is illegally imported, often from Asia

Ketamine used to be diverted much more from vet medical supplies in the UK but for the last twenty years it's mostly smuggled in – often from Asia and so by the time it's sold on the streets it's unlikely to be pure anymore.

3: Ketamine:

c) *Both of the above*

Ketamine is legally used in the UK as an anaesthetic in both human and animal medicine to help control pain.

4: Ketamine is:

c) Both of the above

People who have been using ketamine for a while report some physical symptoms when they try to stop and lots of mental symptoms such as bad cravings and low mood.

5: In the UK Ketamine is:

c) Class B drug under the MoDA

Ketamine used to just be a prescription medicine but then became a class C drug and later became a class B drug meaning it can have large penalties for possession and supply.

Ketamine can cause damage to

a) Kidneys, Liver and Bladder

While damage to the bladder is well known we also now know ketamine can cause harm to other parts of the body including bile duct, kidneys and liver

7: Ketamine can cause damage to the bladder after:

a) A few weeks of use

While damage after a short period of use won't be permanent, damage like bladder irritation can happen within a few weeks of regular use

8: Ketamine in the UK is sometimes contaminated with

c) Both of the above (and other things)

Drugs such as strong opioids, medetomodine, xylazine and benzos have been found in Ketamine which can cause fatal overdose

9: Ketamine is:

a) Usually found in powder form

Ampoules of injectable ketamine used to be seen in the UK but are very rare now

10: Risks of using ketamine increase if used

a) With alcohol or opiates

c) If used with cocaine

While mixing and drugs can increase the risk when mixed with alcohol or opiates the risk of overdose go up and with cocaine risk of injury and heart problems increases.

CLOSE to the EDGE?

Use of any substance can have risks but how risky is <u>your</u> Ketamine use? This exercise will help you spot key risks – and how to avoid them. Answer all questions that apply to you, as honestly as possible.

1: I tend to use Ketamine	a)	With some close friends
	b)	With a mix of people I know and some I don't know
	c)	On my own
	d)	Anywhere, anytime, with anyone
2: When I'm getting Ketamine	a)	I'm buying online from a reliable source
	b)	I get it from someone I know, usually the same person
	c)	I get whatever's going around from anyone who has got K
3: In order to find out about Ket	a)	I did some reading online from several websites
	b)	I got a bit from Insta and other socials
	c)	I asked some friends who know a bit
	d)	I haven't really done any research
4: When I get a bag of ket	a)	I take a small bump to see how I get on
	b)	I do a full size dose straight off
	c)	I take a full size dose and if it doesn't work do another
	d)	I've taken several doses in one go
5: I have taken Ketamine	a)	But not with other drugs
	b)	While I've been drinking
	c)	While I've been cocaine, or benzos, or painkillers
	d)	I've taken ketamine and two or more other things at the same time
6: When I have used Ketamine I have	a)	Never lost control or ended up in a K-hole
	b)	Times when I was clumsy or not fully in control
	c)	Times I was unable to walk or communicate clearly
	d)	Episodes when I was unaware of where I was and couldn't move
7: After using Ketamine I have	a)	Always come round somewhere I should be safe and fine
	b)	Come round and not known where I was or how I got there
	c)	Come round with wounds or bruises, or have been sick
	d)	Woken up in hospital
8: I'm using Ketamine and	a)	As far as I know I have no health issues
	b)	I think I struggle with my mental health
	c)	I am on medication for some health problems
	d)	I have some physical health issues
9: If I took too much Ketamine my friends would	a)	Stay calm, put me in the recovery position and dial 999
	b)	Leave me in the recovery position and wander off
	c)	Just leave me where I am
10: Friends share!	a)	I have never given a bit of my ket to a friend
	b)	I have shared a line or two with friends
	c)	I've got ket for friends at cost price
	d)	I've sold ket to friends

CLOSE to the EDGE?

MOSTLY A's: *well, fair enough. If you have been honest with your answers you have reduced the chances of serious harm, and are thinking about what you do and where and when you do Ket.*
MOSTLY B's: *There's a fair bit of risk taking going on and at some point there's a good chance it will go wrong*
Some C's: *That's getting worrying as this means there's some major risk of serious harm here. It would be a VERY good idea to have a chat with a drugs worker before something goes badly wrong.*
Any D's: *We need to have a serious chat, soon. There's a lot of risk and not a lot of control. Your OK so far but that's luck not judgment and it will run out at some point*

1: I tend to use Ketamine	a)	With some close friends	a)	H*opefully they will look after you*
	b)	With a mix of people I know and some I don't know	b)	Hopefully the ones you know will keep you safe from the ones you don't know
	c)	On my own	c)	If anything goes wrong there's no one to help you
	d)	Anywhere, anytime, with anyone	d)	This isn't safe. There's a good chance at some point of getting assaulted, physically or sexually.
2: When I'm getting Ketamine	a)	I'm buying online from a reliable source	a)	There's still a chance you aren't getting what you think you are
	b)	I get it from someone I know, usually the same person	b)	As above
	c)	I get whatever's going around from anyone who has got K	c)	Much bigger risk of getting something which is a different drug or different dose to what you wanted
3: In order to find out about Ket	a)	I did some reading online from several websites	a)	Kudos for doing research and double-checking stuff
	b)	I got a bit from Insta and other socials	b)	Well you're trying but "influencers" aren't always really experts
	c)	I asked some friends who know a bit	c)	Well done for asking around but always double check what people are saying
	d)	I haven't really done any research	d)	You don't really know the risks of what you are doing and if you want to carry on doing it, it's time to get smart, fast.
4: When I get a bag of ket	a)	I take a small bump to see how I get on	a)	Sensible. Give it a good hour to start working though in case it's a slower acting product
	b)	I do a full size dose straight off	b)	This increase the chance of taking too much
	c)	I take a full size dose and if it doesn't work do another	c)	And this really increases the chance of a life-threatening overdose
	d)	I've taken several doses in one go	d)	This is dangerously reckless and could kill you
5: I have taken Ketamine	a)	But not with other drugs	a)	Sensible; mixing Ket with other drugs increases the chances of a dangerous combination
	b)	While I've been drinking	b)	DANGER! Alcohol + ket = nausea, OD and overdoing it
	c)	While I've been cocaine, or benzos, or painkillers	c)	DANGER! Ket + coke = increases strain on heart Benzos/opiates and Ket increase OD risk
	d)	I've taken ketamine and two or more other things at the same time	d)	And extra danger with these multiple drug combos.

CLOSE to the EDGE?

MOSTLY A's: *well, fair enough. If you have been honest with your answers you have reduced the chances of serious harm, and are thinking about what you do and where and when you do Ket.*
MOSTLY B's: *There's a fair bit of risk taking going on and at some point there's a good chance it will go wrong*
Some C's: *That's getting worrying as this means there's some major risk of serious harm here. It would be a VERY good idea to have a chat with a drugs worker before something goes badly wrong.*
Any D's: *We need to have a serious chat, soon. There's a lot of risk and not a lot of control. Your OK so far but that's luck not judgment and it will run out at some point*

6: When I have used Ketamine I have	a)	Never lost control or ended up in a K-hole	a)	Good for you…if this is 100% true
	b)	Times when I was clumsy or not fully in control	b)	Not fully in control is risky – and an accident waiting to happen…
	c)	Times I was unable to walk or communicate clearly	c)	Getting risky here – it's hard to ask for help or look after yourself at times like this
	d)	Episodes when I was unaware of where I was and couldn't move	d)	If you can't remember what you are doing you arevulnerable and vulnerable isn't safe
7: After using Ketamine I have	a)	Always come round somewhere I should be safe and fine	a)	Impressive
	b)	Come round and not known where I was or how I got there	b)	Lucky it wasn't a police station or in a doorway…
	c)	Come round with wounds or bruises, or have been sick	c)	At least you woke up and it was only bruises
	d)	Woken up in hospital	d)	At least you woke up. But that was a close one…
8: I'm using Ketamine and	a)	As far as I know I have no health issues	a)	Ket use is always risky but at least your health is OK at the moment
	b)	I think I struggle with my mental health	b)	Ket may make anxiety, depression or bad memories better in the short term but in the long term will make any problems worse
	c)	I am on medication for some health problems	c)	If you have physical or mental health issues and are taking medication there's a chance that ket will cause some complications and could be dangerous
	d)	I have some physical health issues	d)	If you have heart, stomach, liver, kidney or bladder issues, ketamine could be more risky for you
9: If I took too much Ketamine my friends would	a)	Stay calm, put me in the recovery position and dial 999	a)	Impressive, well trained friends
	b)	Leave me in the recovery position and wander off	b)	Let's hope your condition improves and doesn't get worse!
	c)	Just leave me where I am	c)	You and your friends need to have a chat and a pledge about what to do in an emergency – however scared they are
10: Friends share!	a)	I have never given a bit of my ket to a friend	a)	It may be tight but at least you won't get a criminal record for supplying drugs
	b)	I have shared a line or two with friends	b)	This is supply even though you weren't paid for it
	c)	I've got ket for friends at cost price	c)	And this is supply even though you weren't making a profit: it could result in a jail sentence
	d)	I've sold ket to friends	d)	The maximum sentence for supply of Xanax is 14 years, which is what you are doing

Ket Health Check

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Ketamine can affect lots of parts of the body – not just the bladder – so we can use this screening tool to look out for common physical health risks.

Route	**These questions are mostly about nasal health**	YES	NO
(a)	I snort ketamine and my nose feels sore		
(b)	I have been getting nosebleeds		
(c)	My nose is very sore and doesn't feel like it is getting better even if I have a break		
(d)	I feel I need to take ketamine even though it hurts my nose to use it		
(e)	I've tried other routes for using ket because of my nose pain		
GI	**These questions are about stomach and gut health**		
(a)	I have had sharp cramping pain in my stomach or around my guts (AKA K-Cramps)		
(b)	Sometimes I get burning feeling in my stomach or guts or feel nauseous even when I'm not using Ket		
(c)	I've been getting pain and discomfort in the upper right quarter of my body		
(d)	I've lost my appetite, my poo has changed colour or I've noticed yellow tinge to skin or eyes		
Bladder	**These questions are about your bladder health**		
(a)	It hurts to pee – like sharp pain – but otherwise I feel ok		
(b)	I've got a burning feeling in the bladder but it goes away if I don't use ket for a few days		
(c)	I've got pain in my bladder a lot of the time		
(d)	My urine has changed colour or there's spots of blood in it		
(e)	When I try to pee there's thick stuff which is difficult or painful to pee out		
(f)	I find I need to pee more frequently but I can still control it		
(g)	Sometimes I need to pee very urgently and it's sudden and I can't control it		
(h)	I'm getting recurring pain in my lower back or around my flanks (around my kidneys)		
Impact	**How are these things affecting you?**		
(a)	I can't get a solid night's sleep because I need to get up and pee		
(b)	I'm using more ketamine to help manage the pain in my bladder		
(c)	I've tried using other pain killers to help with my bladder pain		
(d)	I'm drinking less water now because I don't want to pee all the time		
(b)	I can't go out or do things because of my bladder		
Context			
(a)	I am or may be pregnant		
(b)	I would feel anxious or uncomfortable having a check "down below" on my waterworks		
(c)	I have had issues with food or eating in the past		
(d)	I am using medication or supplements that can affect my liver, kidneys, stomach or guts		
Notes			

Ket Health Check - outcomes

Route (a)	I snort ketamine and my nose feels sore	Take a break; crush powder as fine as possible, wash nose with saline
(b)	I have been getting nosebleeds	Take a break and don't use until nose if fully healed
(c)	My nose is very sore and doesn't feel like it is getting better even if I have a break	Referral to see if there's ulceration or infection
(d)	I feel I need to take ketamine even though it hurts my nose to use it	Marker for dependent use; move to assess for dependency
(e)	I've tried other routes for using ket because of my nose pain	Explore if injecting and offer HR and treatment pathways
GI (a)	I have had pain sharp cramping pain in my stomach or around my guts (AKA K-Cramps)	Marker for gastric damage or possible bile duct issues – refer
(b)	Sometimes I get burning feeling in my stomach or guts or feel nauseous even when I'm not using Ket	Marker for gastritis or ulceration – refer
(c)	I've been getting pain and discomfort in the upper right quarter of my body	Could be marker for biliary damage – refer
(d)	I've lost my appetite, my poo has changed colour or I've noticed yellow tinge to skin or eyes	Possible bile or liver issues – refer
Bladder (a)	It hurts to pee – like sharp pain – but otherwise I feel ok	Take a break, discuss staying hydrated
(b)	I've got a burning feeling in the bladder but it goes away if I don't use ket for a few days	Longer break; look at hydration and if symptoms persist refer
(c)	I've got pain in my bladder a lot of the time	Refer – could be damage to bladder lining
(d)	My urine has changed colour or there's spots of blood in it	Evidence of damage to bladder or kidneys – refer
(e)	When I try to pee there's thick stuff which is hard or painful to pee out	Possible dead cells, blood clots or infection – refer
(f)	I find I need to pee more frequently but I can still control it	Possible shrinkage of bladder or kidney damage – refer
(g)	Sometimes I need to pee very urgently and it's sudden and I can't control it	Possible damage to nerves/muscles in bladder – refer
(h)	I'm getting recurring pain in my lower back or around my flanks (around my kidneys)	Possible marker for kidney damage - refer
Impact (a)	I can't get a solid night's sleep because I need to get up and pee	Refer – and discuss sanitary wear
(b)	I'm using more ketamine to help manage the pain in my bladder	Refer – multi-disciplinary response including pain management, drug service and bladder care
(c)	I've tried using other pain killers to help with my bladder pain	As above plus Harm reduction re other pain killers
(d)	I'm drinking less water now because I don't want to pee all the time	Referral + sanitary wear
(b)	I can't go out or do things because of my bladder	Referral and support and adult sanitary wear for daytime use
Context (a)	I am or may be pregnant	Referral – possible complications in pregnancy and for neonate
(b)	I would feel anxious or uncomfortable having a check "down below" on my waterworks	Support, discussion, chaperone in referral
(c)	I have had issues with food or eating in the past	Recognition of overlap between ket symptoms and eating-related issues
(d)	I am using medication or supplements that can affect my liver, kidneys, stomach or guts	Assess for interactions

Ketamine Dependency Screen

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Worried your use of Ketamine or another similar drug is getting out of control? Use this self-assessment tool to find out if you may be dependent on these drugs. Answer the questions as honestly as possible.

Group 1	Are any of the following statements true for you?	YES	NO
(a)	I take ket more days per **month** than I used to		
(b)	I take ket more times per **week** than I used to		
(c)	I'm currently using ketamine daily		
(d)	I am using ketamine several times a day		
(e)	I am using larger quantities each time		
(f)	I am currently using approximately: [weight/week] and it costs £ [spend/week]		
Group 2	**If you stop using these pills or can't get hold of any do you experience any of the following?**		
(a)	I have cravings.		
(b)	I experience pain when I stop using ketamine		
(c)	My sleep is disrupted when I haven't used		
(d)	When I haven't used I get: low mood [ ] anxiety [ ] bad intrusive thoughts [ ]		
(e)	I get shakes and sweats when I haven't used		
(f)	I have used another drug to avoid bad symptoms from stopping using these pills		
Group 3	**I carry on using ketamine but:**		
(a)	It is having a bad impact on my mental well-being		
(b)	I know it's having (or will have) a serious impact on my physical health if I don't stop		
(c)	It is having a negative impact on family/friends/partner.		
(d)	It is costing me more than I can afford.		
(e)	I have had periods where I didn't know what was happening to me when I used		
(f)	I have got in to trouble or put myself at risk as a result of ketamine		
(g)	I've needed First Aid or help from emergency services after ketamine		
Group 4	**In the past year I have made any of the following choices?**		
(a)	Getting money for ket ahead of other essentials like food or bills		
(b)	Done things to pay for ket which I would rather not have done, or got in to serious debt		
(c)	Put my education, employment or housing at risk through my ket use		
Group 5	**Are any of the following statements true for you?**		
(a)	I think about ketamine several times a day.		
(b)	I have tried to cut down on my use but often break my own rules.		
(c)	I put in effort to get ketamine or to get money for it		
(d)	I start to get anxious when I am running low of ketamine or when I've got none left		
(e)	I know ketamine is not good for me but I get defensive if people say this to me		

Ketamine ependency Questionnaire
Scoring

Look at the answers from the questionnaire and use the table below to score yourself. Add up your score for each group and your total score.

Group 1:		Group 2:		Group 3:		Group 4:		Group 5:	
(a)	1	(a)	1	(a)	2	(a)	2	(a)	2
(b)	2	(b)	3	(b)	1	(b)	3	(b)	1
(c)	2	(c)	2	(c)	1	(c)	1	(c)	2
(d)	1	(d)	3	(d)	2			(d)	2
(e)	2	(e)	2	(e)	3			(e)	2
		(f)	3	(f)	3			(f)	2
				(g)	3			(g)	1
Total Group 1:		Total Group 2:		Total Group 3:		Total Group 4:		Total: Group 5	
Total Score									

Understanding the results:
If you have scored **two or more** in any **three groups t**hen this suggests that you may be having a problem with your use of ketamine, and there may be a level of dependency.

The higher the score in each group, and the more groups you have a score in, the more it suggests that you have significant level of dependency.

Group 1: A high score in this group suggests that you have become more tolerant to the effects of ket and that your use is escalating. The more frequent use suggests that you may be craving the drug more and the higher doses indicate you are building up tolerance to the effects of the drug. It also means that more of your time is being spent on drug taking than before.

Group 2: A score in this box suggests that you struggle a bit to cope without and that you experience some withdrawal symptoms when you stop. When you decide it's time to quit you might need to find ways of coping with these negative symptoms if you are going to be able to stop successfully., especially if you score more than 4 in this box. **If you said <yes> to question (b) (c) or (e) or (f) you should get medical advice to help you stop safely.**

Group 3: The higher the score here, the greater the negative impact Ketamine is having on you. A score of more than 5? Ketamine seems to be having a negative impact on most aspects of your well-being – your physical and mental health, you social and financial wellbeing and your education or employment. The fact that you can see it's having a negative impact but carry on doing it strongly suggests a level of dependency. If you said yes to **(e) (f)** or **(g)** you are also putting yourself at very serious risk of harm while affected by these drugs.

Group 4: A score here suggests Ketamine is becoming your priority, even at the expense of other important aspects of your life. You don't feel able to be without it, even if you can't afford it.

Group 5: The higher the score here, the more it suggests that you are preoccupied about Ket. If you answered "yes" to question 5(b) it suggests that you are trying to control your use by setting yourself some rules and goals – but you are struggling to stick to them. By answering all these questions honestly it also suggests you are concerned about your use and maybe are thinking about what you could do to make things a bit better.

Ketamine Diary Sheet

Instructions: *In order to get an idea of the scale and pattern of your ketamine use, it is useful to complete a diary sheet. You should do this for a number of weeks – ideally over a typical month.*

Date	**Time (*first dose*)** **Time (*last dose*)** **Number of uses in day:** **Total amount used (*weight/cost*):** **Where:** **Who with:**	**What else was I doing:** *(activities)* **How I felt before:** **How I felt during:** **How I felt after:**
Date	**Time (*first dose*)** **Time (*last dose*)** **Number of uses in day:** **Total amount used (*weight/cost*):** **Where:** **Who with:**	**What else was I doing:** *(activities)* **How I felt before:** **How I felt during:** **How I felt after:**
Date	**Time (*first dose*)** **Time (*last dose*)** **Number of uses in day:** **Total amount used (*weight/cost*):** **Where:** **Who with:**	**What else was I doing:** *(activities)* **How I felt before:** **How I felt during:** **How I felt after:**
Date	**Time (*first dose*)** **Time (*last dose*)** **Number of uses in day:** **Total amount used (*weight/cost*):** **Where:** **Who with:**	**What else was I doing:** *(activities)* **How I felt before:** **How I felt during:** **How I felt after:**
Date	**Time (*first dose*)** **Time (*last dose*)** **Number of uses in day:** **Total amount used (*weight/cost*):** **Where:** **Who with:**	**What else was I doing:** *(activities)* **How I felt before:** **How I felt during:** **How I felt after:**
Date	**Time (*first dose*)** **Time (*last dose*)** **Number of uses in day:** **Total amount used (*weight/cost*):** **Where:** **Who with:**	**What else was I doing:** *(activities)* **How I felt before:** **How I felt during:** **How I felt after:**
Date	**Time (*first dose*)** **Time (*last dose*)** **Number of uses in day:** **Total amount used (*weight/cost*):** **Where:** **Who with:**	**What else was I doing:** *(activities)* **How I felt before:** **How I felt during:** **How I felt after:**

Weighing Up Ketamine

What do I like about using Ketamine

What do I dislike about using Ketamine?

What would I gain by stopping ketamine use?

What would I miss or lose by stopping my use of ketamine?

What scares me about stopping Ketamine?

Dependency Profile Assessment

Answer the following questions as honestly as possible. If the answers are not currently relevant to you, or you don't know the answer, leave them blank. Add to your answers later on if you want to.

		YES	NO
Field 1: Physical Markers			
(a)	I use ketamine several times a day		
(b)	I find it hard to go a day or two without ketamine due to physical symptoms		
(c)	The amount of ketamine I use per week has increased over the past year		
(d)	I experience physical pain in my nerves and limbs It is : mild [ ] moderate [ ] severe [ ]		
(e)	I get pain from my bladder It is : mild [ ] moderate [ ] severe [ ]		
(f)	I get shakes and sweats when I stop using ketamine		
(g)	I have used alcohol, cannabis or something else to make myself feel better when I can't get ket		
Field 2: Social Markers			
(a)	A lot of the people I know socially use ketamine		
(b)	Ketamine is a big part of the social scene I am part of		
(c)	My partner (girlfriend/boyfriend/husband/wife) uses ketamine		
(d)	Other family members or close friends use ket		
(e)	I find I can cope socially better if I've been using ket		
(f)	I would find it hard to cope with social situations unless I've had some ket		
(g)	I used to use ketamine socially but I also use it on my own		
(h)	I mostly use ketamine on my own now		
Field 3: Ritual Markers			
(a)	I tend to use ket with specific people, specific places or events		
(b)	I get excited about using ket		
(c)	I use ket at pretty regular intervals throughout the day or through the week		
(d)	Usually have ket on me or around me		
Field 4: Psychological Markers			
(a)	When I haven't been using ketamine I get: Cravings: mild [ ] moderate [ ] severe [ ] Drop in mood: mild [ ] moderate [ ] severe [ ] Increased anxiety mild [ ] moderate [ ] severe [ ] Intrusive bad thoughts mild [ ] moderate [ ] severe [ ]		
(b)	I like the way that ketamine helps me feel separate from my body		
(c)	I've struggled with eating/food or harmed myself in the past		
(d)	I feel calmer, focussed and level on ket		
(e)	I've been diagnosed as neurodivergent or self-diagnosed/think I may be		

Dependency Profile Assessment
Interpreting Results

Using the answers from the Dependency Profile assessment questions, use the scoring below to work out your total for each field. Then plot these figures on to the chart. This will help to explore what things could get in the way of changing your use of ketamine.

Field 1: Physical: Score as follows:
(a) 2 (b) 2 (c) 2
(d) mild: 1 moderate: 2 severe: 3
(e) mild: 1 moderate: 2 severe: 3
(f) 2
(g) 3

Total:_____ score

Physical Field:
If you have answered <yes> to question (a) or (b) or (c) then there is a chance that you will start to experience symptoms when you stop. You may need some medical help to stop.

A score of 2 or more in questions (d) and (e) and scores in (f) and (g) suggest you will need medical help to stop and

Field 2: Social
Score one point for each question you answered "yes" to.

Total:_____

Social Field: A score of two or more here suggests that ketamine is important in terms of your social relationship.

Answering yes to (a), (b) or (c) indicates people close to you also use Ketamine and you will need to think about how to talk to these important people if you want to stop using.

A <yes> to question (d) or (e) means you will need to think how to get on people socially without these drugs.

Help from a drugs worker will make it easier to deal with the social aspect of your dependency.

Field 3: Ritual
Score one point for questions

Total:_____

Ritual Field: The higher the score here, the more strongly you have developed a pattern of use with rituals and habits. These patterns will need to be spotted and changed.

You can use your diary to help understand your patterns. Then change your daily routines and make sure you are occupied during times you associate with use.

If you have a score of three in this field it may be helpful to discuss this with a drugs counsellor who can help you change your patterns.

Field 4: Psychological
(a)
cravings mild: 1 moderate: 2 severe: 3
mood: mild: 1 moderate: 2 severe: 3
anxiety mild: 1 moderate: 2 severe: 3
Bad thoughts mild: 1 moderate: 2 severe: 3

Score two points for questions (b) (c) (d) and (e)

Total:_____

Psychological field:
(a) if you have a score of 3 or more in question (a) indicates some level of psychological dependency, and you may need some professional help to stop.

If you have answered yes to (b) (c) (d) or (e) it is important, for your safety and wellbeing, that you get professional help or guidance as the withdrawal symptoms and/or underlying issues may make stopping risky for you.

Action Plan

I have decided to stop using ketamine because:

The things I like or find helpful about Ketamine are:	**My non-using alternatives to these are:**

In order to deal with the physical side of my use I will:

In order to deal with the ritual sides of my use I will:

In order to deal with the social sides of my use I will:

In order to deal with the psychological sides of my use I will:

My Ketamine Action Plan will start on:
(insert date when you plan to start cutting down or will stop if it is safe to do so)

Signed: **Date:**