ST HELENS
BOROUGH COUNCIL

Children and Young People Services Scrutiny Committee

Addressing Ketamine Use Among Young People

Report

June 2025

Councillors:
Councillor Michelle Sweeney (Chair)
Councillor Terry Maguire
Councillor Allen Makin
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Contents

1. Introduction and Terms of Reference

1.1 During the work programme setting process for the 2024/25 municipal year the Children and Young People Overview and Scrutiny Committee identified the use of ketamine among young people as a growing issue that councillors wanted to investigate. Between September 2024 and May 2025, the Addressing Ketamine Use Among Young People Task and Finish Group has held several meetings with Council officers and partner organisations regarding a variety of themed areas that are involved in tackling this concerning issue. This report sets out the findings, conclusions and recommendations of the Task and Finish Group (Task Group) following its review. The Task Group's work was carried out to support the Council in achieving its first priority "Ensure children and young people have a positive start in life".

1.2 The purpose of the Addressing Ketamine Use Among Young People Task and Finish Review was "to ensure the Council and Partners are maximising the opportunities to tackle the emerging threat of ketamine use among young people in the Borough to avoid long term negative impacts on health, wellbeing and attainment". The aims and objectives of the review were:

i. To understand the levels of ketamine use among young people in the borough and its impact on health, attainment and community safety,
ii. To understand the current initiatives in place to tackle ketamine use within the community, health and social care settings and schools,
iii. To understand the local, regional and national context regarding ketamine use and any best practice that may exist,
iv. To make recommendations regarding improvements to the way ketamine use is currently being addressed including recommendations regarding best practice and national initiatives to tackle the issue.

1.3 The following Members of the Children and Young People Services Scrutiny Committee formed the Task and Finish Group:

- Councillor Michelle Sweeney (Chair)
- Councillor Terry Maguire
- Councillor Allen Makin
- Councillor Anne McCormack
- Councillor Bisi Osundeko
- Councillor Marlene Quinn

2. Method of Investigation

2.1 The Task Group has held a number of meetings over the course of the 2024/25 municipal year, either in person or online, with a variety of services from across the public sector in the region. Prior to the Task Group's first meeting, in November 2024, the Young People Drug and Alcohol Team (YPDAAT) provided a training session that was open to all councillors about what ketamine is, how it differs from other illegal substances, and why it was a growing concern within the borough and what steps were currently being taken to address it.

2.2 Following the training, the Task Group conducted its review by holding meetings based on the following themes in order of when the meetings took place:

i. Safeguarding – 6 December 2024
ii. Urology – 12 March 2025
iii. Community Safety – 19 March 2025
iv. Education – 4 April 2025
v. Health Service Commissioning – 8 April 2025
vi. Mental Health Services – 25 April 2025

2.3 The Task Group would like to thank the following people for contributing to the review at various points:

St Helens Council

- Helen Jones, YPDAAT Manager
- Lisa Jenkinson, YPDAAT Manager
- Michelle Loughlin, Public Health Consultant
- Jo Lethbridge, Complex Safeguarding Specialist
- Christine Foster-Alonge, Head of Safeguarding & Quality Assurance
- Jim Ross, Youth Justice Team Manager
- Michael Andrews, Community Safety Team Manager
- Sarah Platt, Head of School Effectiveness and Improvement
- Heather Addison, Virtual School Head

Partner Agencies

- Ahmad Omar, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL)
- Lauren Tate, MWL
- Josh Griffiths, Merseyside Police
- Andrea Derbyshire, Cheshire & Merseyside Integrated Care Board (C&M ICB)
- Lousie Evans, C&M ICB
- Bryony Kendall, C&M ICB (Primary Care)
- Sarah Shaw, Mersey Care NHS Foundation Trust (Mersey Care)
- Kevin Redmond, Mersey Care
- Clare Handley, Mersey Care

2.4 Officers from the Education & Learning department also supported the Task Group by sending a survey regarding ketamine to Head Teachers of all the schools in the Borough, results of which are discussed within the findings. YPDAAT also spoke to service users and their families on behalf of the Task Group to ask for testimonies that could be shared anonymously; extracts are referenced throughout the report identified in *italics*.

3. Background

What is Ketamine

"Ketamine is a drug that tears through the heart of a family, destroys the life of its user, causes both physical and mental deterioration, and creates such dependence that, regardless of willpower, even after weeks or months of detoxification, it returns with a vengeance to reclaim its grip on a person's life."

3.1 Ketamine is a synthetic drug that is commonly used in medical and veterinary practice. It is known as a dissociative anaesthetic and is also used as an analgesic[1]. Ketamine use as a recreational drug was first reported soon after its release to the market in 1965. In the UK this use was at a very low level until the 1990s when it started to be used by young people involved in the dance music scene. It can be used orally in tablet form, intra-nasally (snorted up the nose) as a powder, or intravenously and intramuscularly as a liquid.

3.2 Ketamine causes hallucinations and experiences of alternate realities, often called the 'K-hole' that can last for a few hours. These symptoms are similar to those found in schizophrenia. There has been concern that use of ketamine can lead to psychotic relapse or precipitation of schizophrenia.[2] Ketamine intoxication also causes memory problems however its powerful effects do not last a long time and it can be difficult to know that someone has been using ketamine once its effects have worn off. There is no smell as with cannabis use and there is no hangover as with the use of alcohol.

"20 months ago, my family and I were suddenly and traumatically drawn into the world of ketamine. It was then that we discovered my eldest [child] had been concealing [their] addiction for 18 months and was desperate for help to regain control over [their] life."

3.3 Ketamine is a useful drug in medical settings due to a wide therapeutic window of safety. It does not suppress respiration or the gag reflex and therefore even high doses cause few medical problems. It is these properties that make ketamine an ideal anaesthetic agent for veterinarians and in battle-field situations.[3]

3.4 In 2004, the Advisory Council on the Misuse of Drugs (ACMD) recommended that Ketamine should be controlled under the Misuse of Drugs Act 1971 and placed in Class C of the 1971 Act and in Schedule 4 Part 1 of the Misuse of Drugs Regulations 2001 making it an offence to have in your possession for personal use.

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[1] (Para 1.1) ACMD Technical Committee: Report on Ketamine Spring 2004 from UK Government Website
[2] (Para 4.3.4) ACMD Technical Committee: Report on Ketamine Spring 2004 from UK Government Website
[3] (Para 5.2) ACMD Technical Committee: Report on Ketamine Spring 2004 from UK Government Website

3.5 At the time of ACMD's review, ketamine use was seen to be limited to the dance club scene alongside the use of drugs such as ecstasy. The Advisory Council made its recommendations on the classification of ketamine as a Class C drug based on limited data regarding its limited use in recreational situations by young adults over a short period of time.

3.6 In 2013, ACMD conducted a further review of ketamine use following a growth in the misuse of ketamine and its harms and a recognition of the bladder toxicity and other renal tract damage it can do.[4] It was found that there is no potential for bladder toxicity with the single doses of ketamine used in anaesthesia[5]. Prolonged use and higher dosages seen in illegal use does however cause significant health issues. The 2013 review also reported ketamine being used more commonly by young adults attending nightclubs and pubs.

3.7 The 2013 review found that Common effects associated with acute ketamine toxicity include impaired consciousness, agitation, hallucinations, delirium, confusion, dissociative effects, nausea, tachycardia and mild hypertension. These features are generally short-lived and settle within 4-–12 hours; individuals presenting with acute ketamine toxicity usually do not need pharmacological therapy.[6]

3.8 At the time of the review, recognition of the significant adverse effects of ketamine on the bladder, urinary tract and kidneys arose. The severity of urological symptoms and the degree of bladder damage appear to be in direct proportion to the amount of ketamine used, the frequency of usage and the length of use. Some users may take higher doses of ketamine in an attempt to control bladder pain caused by ketamine use, further increasing the risk of ketamine-related bladder damage.[7] Up to one-third of long-term ketamine users experience chronic, severe abdominal ('tummy') pain; this is often referred to by users as 'K cramps'. There are emerging reports of liver toxicity associated with chronic ketamine use.

3.9 The recommendation of the 2013 review was that ketamine should be reclassified as a Class B drug due to the significant impact on health of misuse of the drug.[8] It was also recommended that the drug be categorised as a Schedule 2 drug (Classes and Schedules explained below).

3.10 The classification of drugs, in the 1971 Misuse of Drugs Act, is based on the harm they may cause: -

- Class A (the most harmful) includes cocaine, morphine and diamorphine (heroin).

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[4] (Exec Summary Para 3) ACMD Ketamine: a review of use and harm Dec 2013 from UK Government Website
[5] (Exec Summary Para 12) ACMD Ketamine: a review of use and harm Dec 2013 from UK Government Website
[6] (Exec Summary Para 19) ACMD Ketamine: a review of use and harm Dec 2013 from UK Government Website
[7] (Exec Summary Para 20) ACMD Ketamine: a review of use and harm Dec 2013 from UK Government Website
[8] (Recommendations – Control and scheduling pg 9) ACMD Ketamine: a review of use and harm Dec 2013 from UK Government Website

- Class B (an intermediate category) includes cannabis, amphetamines, and barbiturates.
- Class C (the least harmful) includes anabolic steroids, benzodiazepines and growth hormones.

3.11 The Misuse of Drugs Regulations 2001 defines the categories of people authorised to supply and possess drugs controlled under the 1971 Act. In these Regulations, drugs are categorised under 5 schedules: -

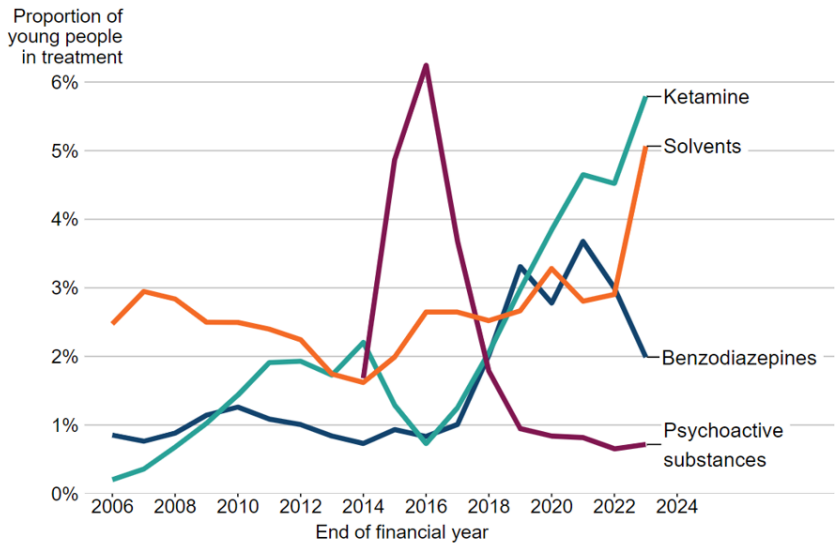
- Schedule 1 includes drugs such cannabis that are not, conventionally, used for medical purposes. Possession and supply are prohibited without specific Home Office approval.
- Schedule 2 includes morphine and diamorphine and are subject to special requirements relating to their prescription, safe custody, and the need to maintain registers.
- Schedule 3 includes the barbiturates and are subject to special prescription, though not safe custody requirements.
- Schedule 4 includes the benzodiazepines and are neither subject to special prescription nor safe custody requirements.
- Schedule 5 includes preparations that, because of their strength, are exempt from most of the controlled drug requirements.

3.12 In January 2025, the Home Office announced that the Policing Minister would be requesting that the ACMD carry out a further review to establish whether ketamine should be reclassified to become a Class A substance, after illegal use of the drug reached record levels in the year ending March 2023.[9] The prevalence of the drug in England and Wales has risen significantly in recent years. In the year ending March 2023, an estimated 299,000 people aged 16-59 had reported ketamine use in the last year – the largest number on record.

3.13 Due to the relatively low levels of usage in previous years and recreational use of ketamine being a relatively new occurrence there is little known about the long-term impacts on health which could include impacts on brain development in young people, mental health issues such as dementia or increased risks of cancer.

[9] Home Office News Story published 8 January 2025

Figure 1. National Trend in England of Young People in Treatment's Primary Substance Use (OHID 2024)



3.14 The Office for Health Improvement & Disparities (OHID) produced a national analysis into young people in drug treatment in 2024. The results (Figure 1.) suggest a rise in the percentage of young people receiving treatment for ketamine as the primary substance, which increased from under 1% in 2016 to around 6% in 2023.

What is the Issue with Ketamine in St Helens

3.15 Unfortunately, ketamine use has been steadily growing in popularity in St Helens Borough since 2022, particularly among young people. Ketamine-specific published local data is currently very limited. There is also a lack of specific coding and recording around ketamine in relation to hospital admissions. However, the YPDAAT, children's social care, and local health services including sexual health, urology and the walk-in centre are reporting increasing concern about the numbers of young people and younger adults using ketamine. There is some suggestion that there is already a local cohort in contact with services, estimated to be perhaps 50-60 young people/young adults who are already experiencing urological symptoms as a use of chronic ketamine use. Their ages are reported to be 16-35 with the majority being in the 17-19 age group.

3.16 Based on intelligence available to services, ketamine appears to have replaced alcohol as the substance of choice for some young people (however cannabis is still the most used drug). Ketamine's rise has been attributed to its cheapness and it being much easier to get access to than trying to buy alcohol from a shop. For the cost of a 'bump' of ketamine, it would cost a significant amount more, and take much longer, to feel the same effects that a small amount of ketamine is able to inflict on young people as compared to alcohol.

3.17 There has been a sharp rise in hospital attendances for ketamine use related health issues and engagements with YPDAAT or CGL. St Helens has been one of the first places in the UK to see a significant rise in ketamine however, this may be attributed to an acute awareness of the issue among Council services. Over the course of the review the Task

Group has learned that other areas in the region and nationally are starting to see a notable rise in ketamine, partly as a result of services in St Helens raising the profile of the issue, leading to it being given more attention by local authorities, health services and the police. As referenced at 3.12 above, the Government is also beginning to give the issue more attention than previously reported by YPDAAT in September 2024.

4. Findings

4.1 This section documents the findings of the Task Group during the review and is structured based on the themes that each of the Task Group's meetings were based on. Although each service and agency have thier own responsibilities it is clear to the Task Group that a significant amount of joint working takes place and as such there are references to the work of all services in different sub sections of the Findings.

Young People Drug and Alcohol Team

4.2 YPDAAT is funded through public health. Officers from the YPDAAT have been a key part of the Task Group's work throughout the review. This began with a training session that was offered to all councillors regarding ketamine, its use and the issues associated with it. Over the course of the review the Task Group has learned a lot about the work YPDAAT is doing with young people, their families and partner organisations to address ketamine use.

4.3 Children and young people could access services provided by YPDAAT up to age 19 at which point they would be transitioned to adult drug and alcohol services provided by CGL. The dedicated transition worker assigned to each young person by CGL took a young person focused approach that enabled a gradual transition. YPDAAT and CGL have close working relationships, through their work with families where drug and alcohol issues exist within family units (i.e. parents/grandparents and their children).

4.4 Any child or young person can be referred to YPDAAT, which has a form and email address that people can access to request services. The service currently receives referrals from a range of sources, with most referrals coming from parents, education, police, hospital, or as self-referrals. YPDAAT has a range of promotional material, both physical and digital, that has been shared widely across the borough and in public buildings, health services and schools. YPDAAT used social media channels to engage with the public and had QR codes that could be used to access more information online.

> *"From the outset, YPDAAT became like an extended family member. They offered not only vital education and support to my [child] but also much-needed guidance and reassurance to me during a time when I felt completely overwhelmed and out of my depth."*

4.5 YPDAAT works on a harm reduction basis to minimise the impacts of drug use while supporting young people to quit entirely. To keep young people engaged in the process and to provide the education required, it is not effective to simply tell young people to stop taking drugs. If young people are using drugs, then YPDAAT can at least educate them about 'safer use' to reduce risks of harm. Supporting safer use, while also influencing

young people to stop using over time, has been shown to be the most effective way for officers to engage with service users. While officers explain ‘safer ways’ to take drugs they continue to relay the message that the safest option is always not to use drugs at all. A similar approach is used in adult drug and alcohol services. Safer ways of using include getting samples of drugs tested, never taking drugs alone (have someone there who can get help if something goes wrong), trying not to use as much or as often, and not mixing with other substances.

4.6 Specific to ketamine, YPDAAT has been fundamental to the raising of awareness of this issue locally and in the region. As the issue has grown, YPDAAT officers have been learning more and more about how it is being used and what the effects are from service users and have been sharing that learning with schools, health services, the police and the public. Street names for ketamine that YPDAAT are aware of include ‘K’, ‘Ket’, ‘Kenny’, ‘Special K’ and ‘Kit Kat’. Young people are the largest audience for ketamine due to its cheapness and apparent ease of access, with drug dealers selling it directly to young people who are able to pool money to purchase enough to share between a group. YPDAAT is aware that young people may be using other substances such as alcohol, cannabis or cocaine alongside ketamine which further increases their risks.

4.7 A request has been made to the national team at OHID for the development of ketamine-specific good-practice guidance. YPDAAT informed the Task Group that they felt initial responses to their requests for national guidance seemed to suggest that a rise in ketamine use was viewed as temporary, or localised. Indeed, it may be that St Helens was an outlier in terms of increasing levels of ketamine use at that time. However, since then other areas have also started to request national guidelines on good practice, and it has become evident that rising ketamine use is going to be a prolonged issue of concern, both locally and nationally.

> *“My [child] managed to remain sober for two months. The first few weeks were torturous, [they were] shaking, immobile, unable to eat, and spent most of [their] time curled up in a ball in [their] room. As a [parent], seeing your child in that condition is indescribably painful. Gradually, [their] physical symptoms eased, and [they] regained some mobility. But then came the psychological struggle: every moment of every day consumed by thoughts of the drug. I did everything I could to distract [them], car rides at all hours, endless conversations, and any activity that might help, but it was not enough.”*

4.8 YPDAAT is aware that drug dealers have become very sophisticated in the way they target young people. Social media platform X (formerly Twitter) is a particular place where dealers advertise their drugs in covert ways to young people. Twitter as an organisation used to try to keep on top of accounts like this but X don't monitor accounts in the same way anymore. As well as reviewing the classification of ketamine, the Home Office has commissioned the ACMD to undertake a review aimed at building a more comprehensive understanding of online drug markets. The project aims to inform an effective enforcement

guide for monitoring and intervening in drug trafficking on the internet. The review includes analysis of the 'dark web' as well as the 'clear web' and social media platforms[10].

4.9 For Working Parents Ltd is an organisation with the goal of "decoding the online world for parents, schools and organisations".[11] They have produced a document called 'Understanding Emojis' which has been shared with the CYPS Scrutiny Committee. The document aims to inform parents about the covert use of symbols online to hide illicit activities. Understanding these hidden meanings associated with drugs, sexual content, crime, incel culture and misogyny is crucial for parents aiming to safeguard their children from potential online dangers.

An example of how drugs are being advertised using emojis

Safeguarding

4.10 The Task Group met with officers from safeguarding services to discuss how they are monitoring the effect that ketamine use was having on Children we Look After. The Task Group is fully aware that as councillors they are all corporate parents and are as responsible for safeguarding children as officers.

4.11 When Council safeguarding officers met with the Task Group, they were in the process of trying to gather intelligence on the use of ketamine among local young people and where this was taking place. Initially, young people were being found with white powder that wasn't cocaine, but as little was known about ketamine in the early days of its rise, limited action was taken regarding the possession.

4.12 Safeguarding professionals are aware from conversations with counterparts in other parts of the country that the steep rise in seizures of ketamine is not isolated to St Helens, and

[10] ACMD Work Programme 2025 on Gov.UK
[11] For Working Parents Website

safeguarding services have been sharing the data on the issue nationally. Officers are aware that individual agencies and individual areas do not have sufficient information on their own to deal with this issue effectively and partners need to work together to share information.

4.13 The Task Group has looked at safeguarding from both the view of how some children are more vulnerable to this issue than others and how they are being exploited by criminals.

Vulnerabilities

4.14 Services have a focus on vulnerabilities as evidence suggests that certain characteristics may increase the risks of ketamine use and related harms to children and young people. Particular associated vulnerabilities that have been recognised by local partners include:

- Neurodiversity – e.g. ADHD or ASD;
- Childhood Trauma and Adverse Childhood Experiences (ACEs) (including familial substance use, domestic abuse and mental health issues);
- Family disruption, breakdown and bereavement;
- Chronic non-school attendance and disruption to education;
- Previous criminality or exploitation.

4.15 Awareness of these vulnerabilities enables professionals to identify those young people who may be at increased risk and ensure early intervention/prevention of harm. Officers were also clear that socio-economic factors were an indicator of whether a child or young person was more likely to be a target for criminals, as a significant number of children and young people engaged with YPDAAT were from more deprived backgrounds, this is also true of the Youth Justice Service.

4.16 Children in Need and Children we Look After were considered to be vulnerable because many of the reasons for them being involved with social care fit into the categories listed above (e.g. trauma for domestic abuse, neglect or familiar substance misuse). This is one of the reasons social workers and health professionals make substance misuse part of the regular conversations with Children we Look After.

4.17 With regards to familial substance misuse this can apply to both parents and siblings. Services try to learn about a service user's family to assess whether there are any children or siblings who may be vulnerable as a result of the service user's drug use, to facilitate early intervention with those young people.

4.18 Safeguarding professionals suggested that the data collected by partners should be examined to assess whether there is a correlation between ketamine use and neurodiversity or at least a disproportionate number of children and young people with diagnosed neurodiversity using ketamine. Currently, it is policy that ADHD medication cannot be prescribed to children if they are known to be using drugs due to the clinical risks of mixing substances. Being unable to access their ADHD medication can have negative impacts on a child's decision making and cause further issues with substance misuse.

4.19 It was suggested that the dissociative effects of ketamine and its cheapness are key reasons to why it is an attractive drug to children and young people with trauma and a lack of resources. Children involved with YPDAAT and Safeguarding have expressed their desire to escape their current circumstances (even for a short period) as reasons for taking ketamine. Without correcting their existing environment, it is difficult to support these children away from substance misuse.

4.20 Children are also vulnerable to coercion and exploitation because of their limited capacity for long term and consequential thinking. As their brains are still developing, ketamine can have a more severe impact on their cognitive abilities and cause addiction very quickly. Ketamine is known to be much more addictive than cannabis. Children can also be more easily persuaded by criminals or peers to engage in illegal activities through peer pressure or fear and are less likely to know where to turn to for support/protection. Debt bondage (when people are forced into work to repay some form of debt) is a tactic used by criminals to exploit children and young people into selling drugs and encouraging their friends to also become involved in criminality.

4.21 Local public services (such as children social care, safeguarding, YPDAAT, youth justice, health services and police) share data about young people who are at risk of exploitation so they can be monitored. From a school's perspective, conversations between primary and secondary schools will take place when there is a need for the secondary school to know certain information about particular children moving up from primary schools. Pastoral leads often lead the transition meetings between the schools. Written accounts are passed to the secondary schools whenever there is a transition.

4.22 It was highlighted that not all children and young people involved in taking ketamine are considered vulnerable or at risk of being exploited. Some children who are on the edge of certain friendship groups where ketamine has penetrated one or two individuals will be coerced into taking it through peer pressure or a lack of understanding of the dangers. It was suggested that within some groups, taking ketamine was just a casual thing to do. As mentioned elsewhere in the report, because of the temporary (if strong) effects of ketamine and low level of hangover effects, there is a lack of consideration of potential long-term effects of prolonged use.

4.23 Safeguarding services have recorded children as young as 11 and 12 years old taking ketamine. It was difficult to know which children were involved until they started experiencing significant health issues that they were unable to hide.

Exploitation

4.24 Part of the Complex Safeguarding Team's role was dealing with child exploitation and missing children cases. It was suggested, as the former Safer Communities, and Children & Young People Services Overview & Scrutiny Panels' joint Spotlight Review of County Lines Issues within St Helens (February 2020) had found, that children involved in crimes were not viewed as victims by the public and the blame more often laid on the child rather than those involved in the grooming process. It was suggested that with ketamine being so cheap, it isn't a big money maker for the criminals. It is however, also useful to criminals in getting children and young people under their influence and involved in other criminal activity (including distribution of more profitable drugs).

"My [child's] physical and mental health were severely compromised; [they] required large daily doses of ketamine just to function and had become ensnared in county lines exploitation, controlled by criminal gangs. [They] told me that a substantial debt had been placed on [them], and [they were] being forced to work to pay it off."

4.25 Social Workers are also trying to work with children at risk to gain valuable information from them to share with other services. It was important to be able to build up an evidence base to share with partners such as the police so that criminals could be identified and arrested.

4.26 Within the Youth Justice Service (YJS), officers were always conscious of young people being at risk of criminal exploitation and a lot of factors were taken into consideration when deciding on punishments with Courts. There were a number of examples the service could provide were YJS had taken up challenges with the Police to reduce criminalisation of young people, as this could lead to additional offending in future (such as burglary and violence). Judges do take vulnerability and exploitation into account when deciding on sentences when young people have been convicted.

4.27 It was also emphasised to the Task Group by Merseyside Police that their priority was to identify and apprehend the individuals who benefit from exploiting young people so they could be prosecuted. During the course of criminal investigations of young people Merseyside Police will ensure any crimes against them are recorded and ensure they receive the support needed to address their vulnerabilities and the exploitation they have suffered. This may be in conjunction with criminal investigations for the crimes that they have ultimately committed, whether exploited or not. There is a recognition among all partners there may be crimes being committed by victims and the criminals behind this need to be prosecuted.

Safeguarding Interventions

4.28 Whenever a child or young person is identified as taking illegal substances, whether they are known to social services or not, there is always a safeguarding intervention of some kind, however these vary in levels. With regards to how parents of these young people were addressed, if it was considered that those parents were doing their best and there was no compromised parenting then it was not necessarily appropriate for social care intervention in the big picture. Families would be signposted towards support services and monitored but more severe interventions were not always required. There were concerns about the level of safeguarding concerns and the ability of services to deal with the volume based on available resources.

4.29 There was however evidence that Courts were removing more children from parents when ketamine was involved (whether children taking it or parents taking it) than any other drug because of the recognition of the more significant long term health impacts. It was suggested that it was harder to get data on adults' (i.e. parents') use of ketamine however anecdotally ketamine use was more prevalent among young people than among adults.

4.30 Where significant interventions are required, safeguarding and social care services do consider moving children/young people to other areas to fully remove them from the environment that caused them to become exploited or effected by drug use.

4.31 With regards to their relationship with schools, the safeguarding professionals emphasised the impact exclusions could have on making any young person that had been involved with drugs in a school more vulnerable. This was part of a wider conversation the Council's Education and Learning department was trying to have with schools about the overall effectiveness of exclusions and changes in perspective on the most effective alternatives placing the needs of the child first, rather than the school's.

Police and Community Safety

4.32 The Task Group met with officers from Merseyside Police, the Community Safety Team and the Youth Justice Service to discuss ways the rise in the supply of ketamine in the region, but particularly in St Helens, were being addressed.

Youth Justice Service

4.33 The Task Group received information from the Manager of the Youth Justice Service (YJS). Drugs are currently the predominant reason children and young people are in contact with the youth justice system (violence is second most common reason).

4.34 In the 12-month period March 24-March 25 Ketamine related offending resulted in YJS delivering - 29 interventions with YPDAAT to 23 different children - (3 looked after and 2 previously looked after). The majority benefited from diversionary, out of court outcomes. There were 18 offences of ketamine possession, 5 x Possess Ket & Cannabis, 1 intent to supply Ket and 1 concerned in supply of Ket and 4 other Ket related offences. YJS was concerned about the strong link between ketamine possession and exploitation. 16 young people have been referred where there have been concerns about exploitation. 9 had offences which included intent to supply ketamine.

4.35 A lot of the work carried out by YJS was on a multiagency basis. YPDAAT and YJS currently share office accommodation which has supported the need for close working. YPDAAT referrals are made for most YJS cases involving drugs. Mental and physical health support is offered to young people who are open to YJS. As referenced at 4.26, YJS is always conscious of possible exploitation when a young person has committed a crime. It is not always the case that a young person has been exploited into committing a crime, however, there are usually underlying reasons why a young person has committed a crime and YJS attempts to support them with those issues to reduce risks of future criminality.

Community Safety Commissioning

4.36 The Council's Community Safety Team is responsible for strategic decision-making regarding initiatives to tackle community safety issues such as ketamine use and will acquire and distribute funding to projects that are designed to address local issues. Drugs crimes data compiled by Merseyside Police between April 2020 to Nov 2024 suggest an increase in ketamine related offences since the pandemic. More than 90% of these relate to possession.

4.37 The Task Group was informed about some of the community safety initiatives that were currently operation. Merseyside Fire & Rescue Service (MFRS) is commissioned to provide community outreach in hot spot areas. On Thursdays, Fridays, Saturdays and Sundays each week in locations set by threat, harm and risk data and safeguarding intelligence about vulnerable children. Particular areas of focus include mostly town centre locations but areas around the Borough identified based on local data from Police, YJS and CGL. Whenever there were concerns about safety of vulnerable children identified in these hotspot locations, Police were able to pick them up and take them to a place of safety; parents would be advised about the incident and provided guidance on parental support.

4.38 Community Safety also commissions outreach via VIBE (supported by CGL) to deal with hot spot locations and put interventions in place to divert young people away from drugs. Merseyside Police's threat, harm and risk group held safeguarding discussions regarding specific children highlighted as at risk of exploitation. The Police were also engaged to support education about ketamine carried out in schools (4.84).

4.39 The Task Group was informed about the potential introduction of 'Respect Orders' by the Government as part of the Crime and Policing Bill 2025. The Bill 'aims to crack down on crime and antisocial behaviour that blight our streets'[12]. It is suggested that Respect Orders will replace ASB injunction orders for over 18s however youth injunctions will still be available for ages 10-18 years. It was unclear at the time of the Task Group's community safety meeting what new powers would be provided by Respect Orders or whether there would be any additional funding linked to them although it was thought that additional funding was unlikely.

4.40 With regards to funding for Community Safety initiatives the Team uses grants from the Office of the Police and Crime Commissioner (OPCC) and is allocated through the Safer St Helens Community Safety Partnership (CSP). This included projects to facilitate signposting and outreach regarding dangers of drug use and exploitation. From a national perspective Police and Crime Commissioners have certain criteria regarding how to fund services and allocate funding to different pots that services that Community Safety have to apply for. It was currently unclear whether there would be any changes in funding under the new Government. Based on the funding available their services are limited.

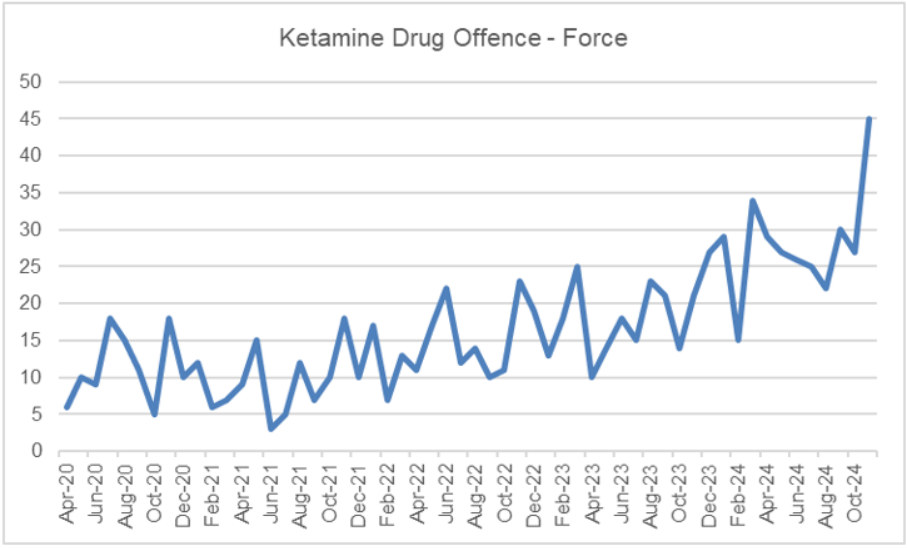
Merseyside Police

4.41 Merseyside Police informed the Task Group that there has been an increase in cases of young people dealing and taking ketamine. The Police is concerned about the associated exploitation of young people and the antisocial behaviour impact of ketamine on communities. Merseyside Police is working with partners to raise awareness and associated public health risk has been a priority. As part of the response to the emerging ketamine issue police officers undertook extra training arranged by YPDAAT to enhance knowledge around the drug, street value and associated health risks, as there was little known about the drug at a local policing level.

[12] Weightmans – Respect Orders – what do we know? 26 February 2025

4.42 The Task Group was informed that partnership data, indicated there had been a reduction in incidences of ketamine towards the middle of 2023. However, in September 2023 the partnership unfortunately saw another increase with children as young as 12 years old being affected by the drug. The increase also came about as a change in the way Police identified ketamine, which ensured the recording of the correct drug was in place. The Partnership Working group remained throughout this period to tackle the issues collectively, whilst addressing other areas of concern such as nitrous oxide. Through the working group the police identified the lack of intelligence streams from partners and professionals indicating where the drug was coming from in the same way they could with other drugs such as cannabis and cocaine. In response to this Merseyside Police delivered bespoke training to partners and professionals around information and intelligence gathering and promoted Crimestoppers and the 'Tell Us' page on the Police's website. Since this training a number of individuals have been arrested, larger quantities of ketamine seized and suspects are currently under investigation, which has led to a significant dent in the supply of ketamine into the area.

Figure 2. Trend in Ketamine Related Offences in Merseyside



4.43 Merseyside Police will make substance use referrals to CGL and YPDAAT and these services have provided the Police with a wealth of information about people taking ketamine. The Police also liaise with A&E departments regarding instances of ketamine use and provide clinicians with some questions to ask patients to gather further intelligence. Police officers receive regular drug training and take part in numerous projects such as St Helens RLFC (Saints Rugby Club)'s Kick It Out Campaign. The rugby clubs status in the area and influence has been beneficial to promoting key messages.

4.44 In relation to Child Exploitation, all partner agencies work with Police to identify offenders by sharing any information gained from young people to the Police to build intelligence. This is part of mapping exercises to identify links between different young people, organised crime gangs and use of ketamine among young people.

Drug Testing

4.45 It is important for the Police and Health Services to understand what substances are contained in samples to understand the health implications for anyone who is taking them. Samples of ketamine being seized and tested by the Police or being shared with the WEDINOS (Welsh Emerging Drugs & Identification of Novel Substances)[13] testing centre in Wales by people in the community appear to be relatively high purity however ketamine is being mixed with other unknown substances that will also cause health issues. Testing of samples by WEDINOS would detect other drugs present in a substance but not other contaminants that may be used to bulk out the mixture. As the sale of ketamine increases, so does the likelihood that it will be cut more as criminals look to increase volume. This will also decrease purity and create further risks.

4.46 Parents who find potential drugs among their children's possession were being encouraged by YPDAAT to send the substance for testing rather than dispose of it to support efforts to learn more about what is being supplied in the area. As part of the risk reduction approach, where people are intent on using drugs, YPDAAT and CGL will encourage users to also send samples of their drugs for testing so that they are aware of what they are taking (or that they can confirm what they have bought is actually what they think it is). The Task Group was informed that testing facilities are offered at some festivals.

4.47 With regards to testing people for drugs in their systems, ketamine leaves the body relatively quickly and has a two day window for drug testing to be detected. By comparison, cannabis can stay in the system for up to 30 days and some other drugs take around 7 days. This can be another reason why ketamine is a popular drug with adults who may be tested as part of their job or in prisons.

4.48 Currently, the testing carried out by the Police only provides confirmation of whether the substance is ketamine or not. Depending on whether they were testing for other substances as well they wouldn't necessarily be able to identify some of the things that are mixed in the powder with the ketamine. In the main results have been coming back confirmed as ketamine which suggests services are getting better at identifying the drug from its appearance. Merseyside Police informed the Task Group that they are getting more advanced testing of ketamine. The Task Group was informed about some cases were young people found in possession of cocaine thought they had bought ketamine. This is an example of the importance of the message being provided to young people about the dangers of buying drugs and what they put in their bodies. It was unclear at the time of the review whether there were significant regional differences with the quality and pricing of ketamine as services were still building intelligence. However, there was anecdotal evidence that ketamine was being sold much more cheaply than in other places in the region.

4.49 Merseyside Police informed the Task Group that Bath University are currently testing a Ketamine testing kit but there is no time frame as to the conclusion of this work or early indication of results. However, concerns would be raised regarding funding of this kit, as

[13] WEDINOS Website

current drug testing kits for other drugs are expensive. Early detection kits for ketamine would be beneficial as the Police can remand people into custody if they are in possession of ketamine if it is tested whilst in custody, negating the need for bail or being released under investigation to continue illegal activity.

4.50 With regards to hospitals testing patients when they present at A&E (e.g. with 'K cramps') clinicians did not always test for ketamine and may test for other things. As mentioned in the section below, if patients are not honest with clinicians about substances they have been taking or reasons behind their symptoms then they will not always be able to use the right investigative tools.

4.51 YPDAAT has also informed the Task Group about the dangers of Nitazines. When opium production stopped in Afghanistan following the Taliban taking back power in the country, the heroin market has changed significantly. The world is now seeing synthetics being used in United States and itis starting to appear in the UK more. Nitazines could be 500 times stronger than natural poppy plant heroin and is extremely dangerous. Merseyside Police has informed the Task Group that small samples of ketamine tested have been found to have traces of fentanyl or Nitazines in, making doses much more dangerous and potentially fatal.

Health Services

4.52 The Task Group met a variety of health care professionals during the review over a series of meetings. This included Commissioners from the ICB and practitioners from providers of Urology, Primary Care and Mental Health services. Those meetings enabled the Task Group to learn more about the health impacts that ketamine has on the body and how people were treated for ketamine related health problems as well as ways services were supporting people with physical and mental health issues that might lead people to turn to substance misuse. The Task Group was informed that whenever any health services came into contact with a child or young person that had drug related issues the case was always referred to YPDAAT and YPDAAT maintained records of health appointments that their service users had and tried to support them with attending.

"I had noticed a decline in [their] physical health, [they] had lost a significant and unhealthy amount of weight, appeared angry and depressed, and I accompanied [them] to the GP, fearing an undiagnosed medical condition. I was completely unaware at the time that these symptoms were linked to [their] ketamine use."

Urology

4.53 The Task Group met with representatives of the Urology department based at Whiston Hospital where the majority of acute health services are provided to most St Helens residents. The Task Group was informed about the types of symptoms related to ketamine use that the service was seeing and the interactions staff had with patients.

4.54 The Urology department received referrals from GPs and other specialities as well as A&E whenever patients presented with urological issues associated with ketamine use. Alder

Hey Hospital also received referrals for patients 14 and 15 year olds however the majority of St Helens cases were patients aged 16-20 seen at Whiston Hospital. In the previous two years there has been a sudden substantial rise in the number of cases reflecting a sudden increase in the use of ketamine in the area.

4.55 Ketamine induced ulcerative cystitis causes the bladder to shrink leading to more frequent need to urinate. Patients would experience blood in urine caused by ulceration. If the patient experienced bowel issues (known as “K Cramps”) they would also present with blood in their stool. As the tissue in the bladder or bowel breaks down it causes massive amounts of pain. Can lead to having bladder removed and catheter inserted.

“Even before we became aware of [their] substance use, my [child] had attempted to break free from [their] addiction. [They] had sold all [their] personal possessions to pay off accumulating debts. Yet the drug’s hold was too strong; the pain of withdrawal was unbearable, and this only increased [their] use.”

4.56 Due to the severe pain experienced and the anaesthetic properties of ketamine, patients often found themselves in a vicious cycle of using ketamine to control the pain which only lead to further long-term deterioration of the bladder.

4.57 It was suggested that in most cases by the time patients presented themselves to hospital with the physical effects on their bladder there was not much Urology could do beyond removing the bladder and inserting a catheter. Many patients avoided engaging with health services until there was no alternative option. Urology’s role in treating these patients was to deal with the symptoms caused by the ketamine rather than the use of the ketamine itself. It was suggested that a lot of patients attended hospital because they wanted support to deal with their symptoms and not to get support with stopping their use of ketamine. An example was provided of a patient who had previously had their bladder removed and presented with kidney problems a year later due to their continued use of ketamine – by removing the bladder, Urology had simply removed the reason ketamine use was causing the patient pain.

4.58 It was stated that the majority of patients that presented with symptoms from ketamine use were from deprived backgrounds. There is a high DNA rate (Did Not Attend) or WNB rate (Was Not Brought) for appointments for these patients however Urology had been working with YPDAAT to improve this by building relationships with the young people. Only 20% of those patients that did attend appointments chose to attend with parents, most others would attend with a friend or attend alone. It was suggested that generally patients’ motivation for attending appointments was to have their symptoms cured rather than getting help to stop taking drugs (including Ketamine). It was suggested that patients often did not provide clinicians with reliable information (e.g. They don't say how long they have been taking the drug or when the last time they took it was). This was something that other services (including YPDAAT) experienced from young service users also. It was felt that many young people do not seek medical intervention if they feel they are able to manage their symptoms themselves with other drugs. It was apparent to clinicians that among younger patients there was a desire or expectation that they could get a quick fix to their

symptoms when visiting the GP or hospital; they do not expect the level of effort and number of appointments within the process of getting support which could be a reason for high DNAs.

4.59 The symptoms experienced by different people depended on how they ingested the drug, how frequently and in what quantities. Some people who have been using ketamine for a long time but in small amounts infrequently may not have the same symptoms as someone who recently started using it but takes a lot and daily basis.

4.60 The Urology Team suggested that interventions regarding ketamine use among young people needed to be very early as by the time they reached the point of needed Urology it was often too late to avoid long term health damage. As more young people experienced long term health implications, such as bladder problems (e.g. frequent urination) or having the bladder removed, others were beginning to understand the dangers more however many still did not understand the long-term effects of ketamine use or did not believe that it would happen to them. For those that do manage to stop taking ketamine the margin of improvement for their bladder or other organs is very limited. Preservation of kidney and bladder is the important thing that Urology would aim for however by the time most patients attended hospital it is too late. It was suggested that many patients struggle with the concept of having their bladder taken out at such a young age and don't want to deal with it. This could lead to further mental health issues that could lead young people to turning to drugs once more.

4.61 Urology had also seen patients with liver problems associated with ketamine use rather than bladder issues. Whilst some patients were known to be using several different drugs meaning some symptoms could be attributed to other sources there was a desire to understand more about how ketamine might affect people differently. To understand the differences in symptoms experienced by different patients, doctors need to know what substances patients had been taking. It is important that more testing is done on samples from different localities to see how people might be affected differently.

4.62 Another significant issue caused by ketamine use was being unable to get effective pain relief during hospital admissions. For example, within the Urology Service, if a patient was admitted with a kidney stone, they would be able to go through various levels of pain relief options up to ketamine as the strongest option. For those who were being treated for ketamine related issues there were no stronger pain relief drugs that doctors could provide.

4.63 In relation to treating any patient with drug misuse doctors are unable to prescribe medications due to the potential negative side effects of a medication mixing with other drugs in a patient’s system, particularly when patients are not truthful with doctors about the substances they have been taking, when and it what doses. There may be occasions where doctors prescribe medications having been misled by their patients. This can lead to serious medical issues however doctors are not liable in those situations having acted on false information.

4.64 There may be occasions when children, or their parents, refuse a treatment. However, in situations where there are safeguarding concerns hospitals can seek legal advice to administer treatment however this is rare.

4.65 In general, people who misused substances have long term cognitive issues and poor general health from bad diet or malnourishment. When a patient presents at a hospital, it may not be the drug they have been taking (such a ketamine) that is the cause of all the problems that someone is experiencing.

Mental Health

4.66 Ketamine has a particular effect on mental health and has been used in a variety of medical mental health interventions. Ketamine use can cause disturbing and vivid hallucinations which can last for a number of hours. These effects wrap a person's perception of reality. Users can also experience flashbacks of hallucinations in the days and weeks afterwards and use of ketamine increases chances of psychosis. Ketamine use also impacts cognitive abilities and causes memory loss as well as difficulty processing and retaining new information. This is a particularly bad effect for young people who need to be learning to achieve good grades at school, college or university. It also causes issues when trying to work with people to educate them on the dangers of ketamine use. Another side effect of ketamine use, and its impact on mental health, is criminal exploitation through debt bondage which cause's further trauma, anxiety and stress.

4.67 With regards to mental health services, Mersey Care explained to the Task Group that within children's mental health services there were no reports of patients who were using ketamine although it was suggested that this might be an area they needed to explore more with patients and ensure recording of links to ketamine takes place when it arises. Teams across Mersey Care services were at the beginning of the process of understanding ketamine as a specific issue affecting people's health (or something being turned to as self-medication for health issues). A training programme had recently been developed and training needs across services were being mapped to ensure the right staff were receiving the training. It was important that staff were able to identify signs of ketamine use and know where to signpost service users to. YPDAAT had provided training to CAMHS and Children in Care Teams.

4.68 It was suggested that by the time patients were referred to services such as CAMHS or Children we Look After Services issues such as drug use had already been identified by other bodies. Rather than being responsible for identifying issues, it was the role of services like CAMHS to support patients with the issues that have been identified. Services were also looking to work with the parents of service users to support them. Mersey Care's 'Think Family Strategy' in adult mental health services focused on patients who were parents and considered how their situation may be affecting their children. Consideration was always given to how a patient's illness affected their parenting capacity. Mersey Care's Think Family approach also enabled them to identify children or siblings that may be at risk of being drawn into drug use by the drug use of the parents or siblings. There have been many cases where a young sibling(s) has been drawn into drug use because their older sibling has been doing it. By recognising these risks early some cases of drug misuse could be avoided.

4.69 During sessions practitioners will ask children or parents questions about ketamine or other issues they might need support with from Safeguarding. During the early stages of the diagnosis pathway practitioners will try to establish what might be driving substance misuse (e.g. trauma, adverse childhood experiences, etc). It was mentioned that lots of children and young people open to mental health services had trauma backgrounds that may be the cause of their drug use, particularly a drug such as ketamine that has a powerful anaesthetic effect that can take users out of their traumatic surroundings or thoughts. As practitioners gained an understanding of their patients through their sessions, they would shape how they dealt with the patient based on whether they may turn to drugs or not to deal with the issues they were experiencing. It was important for practitioners to advise young people on self-medication and point them towards healthier alternatives. Whilst self-medication might relieve a young person from their issues temporarily it did not address the root cause and could lead to further sides effects.

4.70 It was mentioned that some children/young people and families may be open to multiple services and those services needed to work together to share learning and avoid duplication with the same service users. It was suggested that it was important for services to work with parents to identify potential risks and any early signs that children or young people may have started using drugs such as ketamine.

4.71 One of the areas being developed was the link between Mersey Care and Urology Services to see how patients could be supported to engage more with their appointments and the treatment process earlier, this includes staff attending appointments with service users and considering ways of supporting parents both with their own needs and how they support their children.

Primary Care

4.72 The Task Group heard from the C&MICB's Named GP for Safeguarding regarding how GPs were contributing to dealing with ketamine. It was suggested that GPs in St Helens were open to training regarding ketamine and CGL had been engaged to provide that. It is important that GPs are able to identify potential signs of ketamine use in patients and be able to refer them to the correct services and support. YPDAAT has also offered social prescribing work with GPs related to all types of substance misuse. YPDAAT has also presented to over 200 primary care staff at a recent learning event.

4.73 It has been identified that community pharmacists are becoming an increasingly important asset in frontline identification and reporting of issues such as ketamine use. With pharmacists being able to dispense certain medications and pharmacies being a place drug users could access low level pain relief or other medicines they were a key place were drug users who were trying to self-medicate might be identified and signposted to proper medical interventions. It was important to ensure that pharmacists, as well as GPs and other community health service providers were aware of the effects of ketamine use and how patients might present to them (e.g. issues with frequent urination, stomach pains). It was suggested that there have been a number of cases where pharmacists have raised the alarm in relation to child sexual exploitation as an example so their role in sharing local knowledge of issues should not be underestimated.

4.74 With regards to the legitimate medical use of ketamine as pain relief GPs in the region won't prescribe it to patients and it is limited to use as an anaesthetic in hospitals prescribed by consultants however the approach varies in other parts of the country.

> *"[My child] started actively working with YPDAAT again, rebuilding [their] relationship with [their] worker… and preparing for residential rehabilitation. YPDAAT funded a four-week placement, which became a turning point in [their] life. [They] returned from rehab looking healthier, with a stronger mindset and renewed goals. [They] continued to engage with YPDAAT on a weekly basis and was connected with other support services, such as mentors and job agencies. [They] also spoke openly to [their key worker] about [their] challenges with abstaining, particularly in environments where peers were still using. [They] sought advice and strategies to cope."*

Commissioning

4.75 Cheshire & Merseyside Integrated Care Board (ICB) covers St Helens as well as eight other local authority areas in the region. The ICB works with the Council and locally commissioned health providers to plan service provision to meet the needs of the local population. In relation to the growing use of ketamine in St Helens and the rest of the region the ICB has been supporting local services to recognise the extent of the issue, what current service needs are and were there might be gaps in provision. As commissioner the ICB will also hold service providers to account for their implementation of plans to tackle issues such as ketamine (e.g. ensuring staff receive the required training).

4.76 As identified at 4.73, GPs and community pharmacists are key frontline service providers that can identify early signs of ketamine misuse and encourage people to seek the right medication interventions as early as possible to reduce risks of long-term damage. The ICB is working with CGL within the four primary care networks in St Helens to put together a training package for primary care teams and pharmacies.

4.77 As the commissioner of health services for the region (Urology, CAMHS, A&E, GPs etc.), the ICB is able to ensure links between different providers. It is important to ensure good links between the Urology teams at Whiston Hospital and Alder Hey Hospital for example to enable sharing of knowledge and to ensure patients are supported with transitions between the two. The ICB also plays a role in enabling the wrap around care that a young person would need to not only deal with the health impacts of ketamine use but also the underlying causes that may have led to them using ketamine (e.g. mental health, criminal exploitation, trauma).

4.78 During discussions with the Task Group, it was suggested that there are a few areas where more needed to be done to address the rise in ketamine use. The ICB had previously contacted NHS England to request guidance on tackling ketamine (in particular how ketamine impacts children/young people who are taking ADHD medication) as Paediatricians need to know what decisions to make when prescribing medications if the patient is known to have taken ketamine. It was also suggested that more consideration

was needed in relation to rehabilitation services. Whilst it is recognised that preventing children and young people from misusing drugs in the first place should be a priority, rehabilitation was also key to reducing further harms from continued drug use. There is also a recognition that the effects ketamine has on young people may be preventing them from seeking help. For example, incontinence caused by ketamine use can be embarrassing for a young person so waiting in an A&E department due to an acute episode may not be an appealing option. Alternative routes into services (such as GPs referring directly to observation wards) should be considered in these circumstances.

Other Health Services

4.79 While the Task Group did not meet with representatives of Sexual Health St Helens (provided by MWL and funded through public health) information has been provided regarding the significant number of young people and adults who have self-referred or been referred to them because of symptoms caused by ketamine use. As blood in urine can be a symptom of some sexually transmitted infections (STI), a number of young people with ketamine related health issues have attended Sexual Health Services. It has been suggested that 20% of those patients with ketamine related symptoms have been diagnosed with an STI by Sexual Health Services however those young people with ketamine related issues will subsequently be referred to Urology once the real cause is established. The number of people attending sexual health services when their symptoms are not related to STIs is another indication that further work is required to increase understanding of ketamine and its effects among health services and in the community.

4.80 The Task Group understands that the 0-19 Service provided by Wirral Community Health and Care NHS Foundation Trust has also seen an increased exposure to service users affected by ketamine and has been developing plans to increase awareness among staff.

Education

"My [child] was found wandering on the landing, disoriented and unaware of [their] surroundings. It was terrifying. [Their] younger siblings and I watched helplessly as [they] scratched at [their] head and slurred [their] words. [They] admitted to the paramedics that [they] had tried ketamine, but we had no idea this was merely the first glimpse into a life [they] had been living in secret. We knew nothing about ketamine or its effects, and very quickly, the entire family was thrown into a spiral of trauma, risk, and devastation."

Children and Young People's Understanding of Ketamine

4.81 In its interactions with young people involved with ketamine, YPDAAT has found that many are unaware of the dangers and specific health impacts that the substance has. As ketamine's use has continued over recent years and serious health issues have developed in the community, more users and non-users are aware of the health impacts however there is still a significant lack of understanding generally. YPDAAT has done a lot of work with Merseyside Police, schools and health services to promote the messages about the serious health impacts of using ketamine. Most of the children and young people in YPDAAT aren't in education full time for various reasons so they are not necessarily receiving the messages that are being promoted in schools. It has been suggested that

many of these children and young people don't understand the functions of the body (i.e. what the bladder and kidneys do etc.) which makes it difficult to help them understand the dangers of damaging these organs through drug misuse. As previously mentioned, ketamine can impact cognitive processing which further increases the challenge of getting users to understand what they are being told. It is understood that due to the ongoing development of the brain during childhood, children and young people lack impulse control and consequential thinking meaning they are less likely to consider the long-term implications of decisions, are less likely to resist their impulses and are more susceptible to peer pressure.

Awareness Raising in Schools

4.82 The Task Group met with Council officers from the Education and Learning department who provided an overview of the role that schools were playing in educating young people about the dangers of drugs and alcohol as well as helping to identify young people who were potentially vulnerable to drug use or criminal exploitation. Education officers have also supported the Task Group in gathering the views of Headteachers from schools in the Borough regarding ketamine as it has been experienced within schools.

4.83 Head Teachers had previously raised concerns about ketamine with the Education and Learning department and requested training for staff so they know what to look out for with their pupils potentially being exposed to ketamine. YPDAAT provided training at a Head Teachers' briefing (for all primary, secondary and special schools) in February 2025. A presentation has also been provided to Governors Forum in March 2025. Feedback from sessions was positive. During their session Governors were provided with a set of questions they should be asking schools to challenge and support teachers in dealing with potential ketamine related issues. Signposting was also provided to other sources of advice and support for schools. All designated safeguarding leads (DSLs), Early Years Providers and education welfare officers (EWOs) were invited to attend a ketamine related workshop in March 2025.

4.84 Prior to these training sessions for professionals, YPDAAT have been attending school assemblies to provide talks on drugs and alcohol (including specific talks on ketamine) for a number of years. Every secondary school in the Borough has received an assembly about ketamine at some point, most recently, around Easter 2025. Further assemblies are planned for the 2025/26 academic year and a number of primary schools have also had assemblies about ketamine and YPDAAT take part in the Crucial Crew events. YPDAAT confirmed that all assemblies' content is designed to be age appropriate. Sessions have also been arranged for parents. Letters have also been circulated via schools for all parents to raise awareness. Merseyside Police also informed the Task Group that they provided separate assemblies in schools related to ketamine. While the YPDAAT sessions focused on the health impacts of drug use the Police focused more on the criminal and justice side of the issue used as a deterrent.

4.85 There is evidence that the messages being promoted are resonating with many young people and the wider community as they have demonstrated their understanding of the serious effects of ketamine when liaising with service providers. There is still however a lack of concern among some young people about the effects of ketamine use, with many

thinking that “it won’t happen to them” when discussing the harms. A number of young people are aware of the significant harm it can cause as they see it in their communities and other people who they know who have failing health.

4.86 With regards to the training for school staff, there are certain warning signs that they have been alerted to be mindful of. These include monitoring attendance records and checking why absences are occurring as the side effects of ketamine use will have an impact on school attendance. Where a pupil may be suffering the effects of ketamine use (such as frequent urination) schools are asked to show understanding and ensure reasonable adjustments (such as being allowed to go to the toilet more frequently) are being made to get those pupils back in school or helping them continue to get education.

4.87 In relation to pupils being excluded from school (either permanently or temporarily suspended) the Council has limited control as schools write their own behaviour policies and decide on suspensions and exclusions. However, the Education and Learning department is working to encourage schools to limited exclusions and suspensions as being absent from school increases a young person’s vulnerability to exploitation and other harms. While it is recognised that pupils should receive some form of consequence for bad behaviour schools should be considering underlying causes for that behaviour and working to support young people to address those causes and avoid further harms. It was suggested that Schools need to show understanding to young people who have been victims of exploitation and provide positivity where they may previously have had none (which may have been the reason for them turning to drugs).

4.88 One of the biggest challenges for the Education and Learning department and YPDAAT is identifying those children not in education to make sure we're in touch with them and getting the messages across. Elective Home Education (EHE) is when parents choose for their child not to attend school and be educated at home. EHE rules require that the parent(s) submit a work plan once a year to the local education authority (i.e. the Council) which means services do not have contact with those children and are unable to assess their wellbeing, making this cohort a vulnerable group. EHE varies in quality depending on the parents; some will choose to include education about drug misuse in their teaching and others will not and the Council has no control over this.

View from Schools

4.89 The Education and Learning department contacted schools’ delegates that had attended the Ketamine Training Event in April 2025. Of the 28 delegates who attended, 11 responded to a questionnaire. Of the 11, five currently worked with/supported multiple young people who have been impacted by ketamine and a further one worked with the siblings of children who are impacted by ketamine; the other five had never previously dealt with any cases.

4.90 The biggest concerns from respondents regarding ketamine use in young people included: how easy and cheap it was to obtain ketamine, young people’s lack of concern about the negative side effects, and how vulnerable young people taking ketamine are to exploitation. With regards to the effect ketamine use had on education, responses included: increased absences and negative impact on learning, risks of drug being brought

into school and others being encouraged to take it, and parents' use of ketamine effecting their children and impacting on their learning.

4.91 In relation to the support schools would benefit from respondents mostly suggested agencies working directly with children and young people, further training and professional development (including online resources such as videos and literature), and support with behaviour and suspensions and attendance.

Community

4.92 From 14 February 2025 to 22 April 2025, the Council ran a marketing campaign supported by Emporia Marketing "To raise awareness in the local community around Ketamine misuse in February half term and Easter school holidays". The campaign included advertisements on Digital Billboards on St Helens Linkway, two Snap Chat campaigns, three digital screens on Street Hubs, and two Mobile DNA campaigns during the two time periods. During the Snap Chat campaign, the Snap Chat ads reached 58,566 individuals with 745 clicks onto the Council's webpage which provided more information. The main demographics reached were 18-20 and 21–24-year-olds with 46,898 and 59,986 impressions respectively. Females were most likely (68%) to click the link to the Council's website.

4.93 Health Service providers also play a role in promoting messages within communities. Individual Service Providers have their own channels on various social media platforms

that they use to promote messages and messages are always displayed in physical spaces such as waiting rooms, corridors and entrances.

4.94 Schools also share messages in their communities, particularly with parents and grandparents. Merseyside Police has also done a lot of awareness raising in the community. As previously stated at 4.43, the Police have worked with St Helens RLFC's Saints Community Development Foundation to raise awareness about the negative effects of taking illegal ketamine[14]. The Police has also taken out numerous press releases in the St Helens Star local newspaper and taken part in live Facebook Q&A sessions with various partners to enable the public to expand their knowledge or raise concerns.

4.95 YPDAAT informed the Task Group that with the issue of ketamine use growing in the region more promotion of the issue is being done collaboratively across multiple agencies and local authorities.

"I cannot express enough my gratitude to YPDAAT. When you are thrust into a world you know nothing about, as a parent it is incredibly isolating. You feel as though you are the only one experiencing such hardship. YPDAAT provided us not only with the knowledge to navigate these situations but also with the emotional and practical support that gave me the strength to keep going. [The key worker] was available at any hour, going above and beyond to support my [child]'s recovery. [They have] walked every step of this journey with [them], helping [them] rebuild [their] sense of purpose and hope for the future."

[14] Saints website article on ketamine campaign

Partnerships

4.96 There are a number of formal partnership bodies within St Helens and across Merseyside that Council services are involved with. Many of these have recently been looking into the ketamine issue at the same time as the Task Group. The Combating Drugs Partnerships (CDP) meets every six weeks to consider the pertinent issues. The CDP has established a ketamine specific sub group which is Chaired by one of the YPDAAT Managers. Partners, in particular Merseyside Police, have reported that St Helens has one of the strongest partnership responses to ketamine supply and support for young people suffering from it.

4.97 It was suggested that part of the role of partnerships is to coordinate the collection of data about ketamine issue to build a detailed picture that all agencies can learn from. It was also suggested that there should be a national drive to ensure the collection of data regarding ketamine related episodes. It is hoped that through the work of the ACMD's review of ketamine during 2025 that a recommendation for data collection is included.

4.98 In July 2024, the Safeguarding Children Partnership (SCP) Executive meeting identified the use of ketamine and the impact it was having on children and young people as a growing risk factor. As such the SCP requested that partners (25 agencies) take part in a consultation to provide feedback on: data collection relating to ketamine use, types of interventions used by ketamine was identified, how do agencies initiate conversations with children and young people about ketamine, the training available to staff of agencies regarding signs and symptoms of ketamine use, and suggestions for what multiagency response to ketamine should look like.

4.99 The SCP produced a report with an overview of the responses to the consultation including areas of good practice and areas for development (many of which are also identified in this report). Broadly, there was a lack of consistency regarding data collection, awareness of ketamine and how to respond and what other agencies were doing as different agencies were at different stages in their exposure to and understanding of the ketamine issue. Since the SCPs report, awareness of the ketamine issue has improved and more agencies are acting to ensure training and data collection is in place, partly as a result of the SCPs work and this task and finish review. The SCP can be contacted for more information about its consultation exercise.

4.100 YPDAAT has informed the Task Group that they have been getting a lot of requests for training on ketamine from across the region. E.g. MFRS had asked for training because they have been seeing instances in the community. Mersey Care, MWL, 0-19 Service and Sexual Health St Helens have also requested training for their staff from either YPDAAT and/or CGL.

5. Conclusions

5.1 Ketamine is a dangerous substance that causes significant harms when used illicitly. The Task Group recognises its valuable role in legitimate human and veterinary medicine however is very concerned about the growing misuse of the drug and its serious impacts on the health and wellbeing of young people in the Borough. The physical effects of

ketamine are as concerning, if not more concerning to members of the Task Group than any other illicit substance.

5.2 The Task Group is grateful to all those who have contributed to this piece of work, particular YPDAAT who are at the forefront of tackling this significant issue and are leading the way in developing more understanding where there has been a lack of national guidance on this issue. It is clear from the conversations that the Task Group has had and the work that is going on that agencies in this region are taking the growing use of ketamine very seriously and are working to try to address it. The Task Group is pleased with the support that the Council and Partners have shown and for their recognition of the importance of this report which pulls together lots of information from various sources in the Borough and across the region.

"The work that YPDAAT does with young people and their families is invaluable."

5.3 It was suggested during the safeguarding meeting (the Task Group's first meeting) that there were currently some inconsistencies regarding understanding of the roles and responsibilities of various agencies were in relation to the issue of ketamine use. This may have changed over the course of the Task Group's review as learning and development was taking place in real time across lots of agencies, at least among those involved in this review (the Task Group is unable to comment on bodies it did not engage with).

5.4 The Task Group is concerned about levels of deprivation and despair that are leading young people to choose to take this drug and want to feel its effects. Members are aware that the cost of living crisis has exasperated health and wealth inequalities nationally but particularly in areas like St Helens and this is having a significant impact on the life prospects of young people in the town. While there is little that can be done about the economic situation in the town via this review it is noted that reducing inequalities and improving people's economic prospects is likely to have a corresponding impact on people's inclination to take substances like ketamine.

5.5 The Task Group believes that ketamine should be reclassified as a Class A drug to ensure harsher penalties for offenders. The Task Group would support the ACMD recommending the reclassification of ketamine and will submit its report to the ACMD for information. The Task Group would also encourage the ACMD to contact Council and Partner officers during their review. The Task Group believes that any research carried out should try to look at the long-term health implications of ketamine misuse, particularly on young people's brain development and long-term impact on health in adults.

5.6 While the Task Group is aware that there is some national guidance regarding substance use generally it believes that there should be more support from national bodies for local services in tackling ketamine by producing some national guidelines. Local Services such as YPDAAT have done an excellent job in creating their own local procedures. The Task Group notes that other areas are now approaching St Helens for advice as they are catching up with services in St Helens. The Task Group does not believe that ketamine use is a fad and won't be going away soon so there needs to be more national input.

5.7 The Task Group recognises the excellent work that has been done by YPDAAT and CGL to educate service providers, children and young people, parents and the general public about the terrible effects of ketamine use. However, more needs to be done to ensure a greater awareness of the ketamine and its effects, how to recognise signs of its use in people and what to do to address it. This increased awareness will hopefully help users to be supported earlier to stop the use of ketamine and hopefully avoid the terrible effects it can have on the body over the long term. The Council and its public sector partners need to ensure a consistent training offer is in place and is accessed by all staff who should be aware of the signs of ketamine use and where users should go for support. It is suggested that training sessions provided by YPDAAT and/or CGL should be recorded and made available online to increase reach and reduce demands on YPDAAT/CGL staff.

5.8 Members of the Task Group are aware of the type of tactics used by criminals to exploit children and young people from the former Safer Communities Overview and Scrutiny Panel's task and finish review of County Lines in 2020. It is important that the Council and its partners in the Police continue to identify children who are vulnerable to exploitation to ensure they are protected. The Task Group agrees that children and young people involved in criminal activity such as the supply of drugs are victims and should continue to receive the necessary support for any physical, mental health and trauma related issues as they are going through the youth justice system.

5.9 The Task Group supports efforts at Merseyside Police to procure ketamine testing kits for officers to use in the field and at police stations to enable arrests to be made when ketamine is seized. It is hoped that the funding for testing kits can be identified to enable this development in tackling the supply of ketamine.

5.10 Members of the Task Group were concerned to hear from Urology that a number of patients with ketamine use had presented with different symptoms which raised questions about the content of substances they were taking. The Task Group would like to see a robust testing regime that enables services to learn as much as substances as possible to aid in treatment of users.

5.11 The Task Group notes the local situation regarding the prescription ADHD medications for young people who have been taking drugs. The Task Group notes that not being able to access their ADHD medication will have negative impact on their behaviour resulting in further issues. The Task Group supports requests for nation guidance for local and regional prescribing to find the best outcomes for these young people. The Task Group is aware that St Helens has disproportionately high levels of neurodiversity in its population which makes more of the young people vulnerable to drug use and exploitation.

5.12 The Task Group is pleased that there are strong regional partnerships across the C&M ICB footprint and hopes that greater access to a wider data set will support services in tackling ketamine use.

5.13 The Task Group notes that children are currently being removed from parents' care by Courts where they have been found to be taking ketamine more than other drugs due to its bigger impact on health. Having more children coming into the social care system had a negative impact on their prospects and also creates additional financial pressures for the

Council. Tackling the supply of ketamine will have wider benefits than preventing the negative health impact on users such as improving the prospects of the family members.

5.14 The Task Group is aware of the difficulties in educating children and young people about the dangers of drug use but is assured that services are doing as much as possible with available resources to provide the information where it is needed. The Task Group understands that young people can lack consequential thinking as their brains are developing and do not consider the long-term impacts of their decisions. However, the Task Group notes that as more people have experienced the long-term effects of ketamine use (i.e. incontinence and bladder removal) awareness has grown and deterred many people from taking ketamine. This is not a desirable way of raising awareness and as much as possible should be done to discourage ketamine use before people try it.

5.15 The Task Group recognises the vicious cycle that ketamine users can find themselves in as the side effects of ketamine use cause significant pain that they use ketamine to relieve only making their symptoms worse in the long run. It is hoped that with greater awareness among school staff, parents and carers and in the community signs of ketamine use can be detected earlier and interventions can be put in place before health impacts become significant.

5.16 The Task Group was concerned to learn that a small number of children as young as 12 are being targeted by dealers. Children in the early years of high school are vulnerable to peer pressure from older pupils and need to be supported. The Task Group agrees that pupils in Year 6 at primary school should be given age-appropriate talks about the dangers of drug use and how to avoid being dragged into it.

5.17 With regards to vulnerabilities, the Task Group members are aware through this review and other pieces of work that the Children and Young People Services Scrutiny Committee has undertaken that absence from school raises a child/young person's vulnerability to exploitation significantly. As such the Task Group supports efforts by the Education and Learning department to work with schools to look at alternatives to exclusions for pupils who have broken rules to look at ways they can be supported to deal with the causes of their behaviour rather than punishing them which often leads to further issues for the pupil. The Task Group understands that schools, particularly academies, set their own policies regarding sanctions for rule breaking but encourages them to work with the Education and Learning department at the Council to put the needs of the child first. The Council also supports finding reasonable adjustments for pupils in schools where they are suffering with the side effects of drug use (e.g. frequent need to use the toilet due to ketamine use).

5.18 The Task Group agrees that it is vital that partner agencies in the region work together to share data regarding ketamine use with each other in a consistent way so that intelligence can be used to inform efforts to tackle the supply of ketamine and intervene with users at an early stage. All agencies should ensure that they have processes and training in place to routinely collect data about possible ketamine use so that opportunities to learn and intervene with ketamine users are not missed. A joint strategy for tackling ketamine use across the region may be beneficial in bringing about the proposed changes. The Task Group believes that the Combating Drugs Partnership should be a leading body on this issue.

5.19 The Task Group is pleased to have seen the good partnership working that has taken place in St Helens already to address this concerning issue and hopes that through developing joint working furthermore can be done to reduce the number of ketamine users and the supply of ketamine into our communities.

5.20 The Task Group hopes that this report which has brought together so much of the information about what is already happening in the area and suggests further developments will help to tackle the use of ketamine in the region and have an impact on national policies as well. This report should be shared as widely as possible to support awareness raising at a local, regional and national level.

6. Recommendations

6.1 The Task and Finish Group recommends that:

a) The Children and Young People Services Scrutiny Committee write to the Advisory Council on the Misuse of Drugs to share the Task Group's findings to contribute to its review of ketamine use and to suggest that the ACMD recommend to the Home Office that ketamine be reclassified as a Class A drug to ensure criminal convictions for its supply are commensurate to the level of harm the drug is causing.

b) The Children and Young People Services Scrutiny Committee also encourage the Advisory Council on the Misuse of Drugs to contact agencies in the borough, in particular the Council's Young People Drug and Alcohol Team and Public Health, Change Grow Live, Mersey and West Lancashire Teaching Hospitals NHS Trust, Mersey Care NHS Foundation Trust and Merseyside Police as key sources of information for its review of ketamine.

c) The Office for Health Improvement and Disparities be encouraged to develop national guidance regarding illicit use of ketamine and effective ways to support users and tackle supply.

d) The Council, via partnership bodies, continues to work with partners to develop a consistent understanding of the ketamine issue through standardised training for all relevant staff so that any opportunities to identify and address ketamine use in young people are taken at the earliest opportunity.

e) The Council, via partnership bodies, continues to work with partners to develop consistent data collection and sharing of information between all agencies that will enable the development of a clear picture of how ketamine is affecting young people and our communities to improve how ketamine misuse is being tackled and to build an evidence base to encourage Government to provide more resources to tackle ketamine misuse.

f) The Council continue to promote the negative impacts of ketamine in local communities by highlighting the devastating impact ketamine has had on some of our residents, including the use of individuals with lived experience were possible.

g) *The Merseyside Police and Crime Commissioner support the provision of ketamine testing kits to police officers in the region to improve the identification of ketamine when substances are seized to ensure those supplying ketamine to our communities are arrested and convicted appropriately.*

h) *The Council ensure all schools in the borough (primary, secondary, special and colleges) have access to training for staff and pupils in relation to ketamine.*

i) *The Children and Young People Services Scrutiny Committee submit this report to partners across Cheshire & Merseyside to share learning and support development of interventions across the region. Recipients to include:*

- *St Helens Children Safeguarding Partnership,*
- *St Helens People's Board,*
- *St Helens Community Safety Partnership*
- *St Helens Combating Drug Partnership*
- *Relevant Scrutiny Committees for all authorities in Cheshire and Merseyside*
- *Cheshire and Merseyside Joint Health Scrutiny Committee*

j) *The Children and Young People Services Scrutiny Committee submit this report to the Members of Parliament in the area to encourage them to raise awareness of this issue on a national level.*