Liverpool
City Council

Reducing Ketamine Harm in Liverpool. A Strategic Action Plan 2026 - 2029

Produced by the
Liverpool Combatting Drugs Partnership

Foreword

This action plan is our collective response to the city's growing concern over ketamine use and harm, particularly among teenagers and young adults.

Ketamine use in Liverpool has increased in recent years, and this increase in usage is causing significant harm. Those who are being harmed have not been able to access the support they need at an early enough stage. We know that the harms being caused, are not well known – and that we can collectively be doing more to prevent usage.

This action plan sets out actions to shift to preventing harm and to ensure the early intervention and support for those who need it. It sets out our proactive local response covering prevention, harm reduction, treatment, and early intervention.

Ketamine use and drug use more generally can often be associated with stigma. Our local approach is built on the voices and insight of those with lived experience and aims to reduce stigma to ensure people feel able to access support at an earlier stage. Its also aims to empower local young people, their families and carers, and those that support them such as local teachers and youth workers with knowledge of the harm ketamine can cause, how to identify those in need and where to access support.

This is an emerging issue – locally partners are responding in innovative ways and within this action plan we include case studies highlighting effective local work that is already being undertaken, and will be built upon, by this action plan. This includes local support services that are now available in the city, provided by River,

our Liverpool community drug and alcohol support service which has a newly established model to ensure robust care for people who use ketamine; our local peer-led recovery group, Lifeboat; and also the strong partnerships with Alder Hey Hospital and local NHS services which are helping to provide joined-up care for young people experiencing ketamine-related health issues.

This action plan has been co-produced with key stakeholders and those with lived experience, and fosters collaboration and coordinated action across healthcare, social care, education, criminal justice / law enforcement, and community organisations. We know we will only be effective in reducing ketamine harm through co-ordinated response and this plan provides us with our road map for collective action.

Thank those who have contributed so far to this important work and thank you in advance for your ongoing support.

Cllr Harry Doyle
Cabinet Member for Health, Wellbeing & Culture

Professor Matthew Ashton
Director of Public Health

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From concern to action: Reducing Ketamine Harms in Liverpool

The focus of this action plan and our collective response is to shift to the prevention of harm and to ensure the early intervention and support for those who need it.

In recent years, Liverpool, like many other areas of the UK, has witnessed a rise in ketamine use, transforming it from a relatively obscure anaesthetic into a more commonly used recreational drug. There has been an associated increase in adults and young people attending specialist drug and alcohol treatment services with problems related to ketamine use. Though numbers remain relatively low compared to other substances, we know there are high levels of unmet need locally and the upward trend is concerning.

The concerning issue related to ketamine use is the disproportionate levels of harm we are seeing. Increasing concerns have been raised by a wide range of local partners regarding the use of ketamine among young adults and young people in Liverpool, as ketamine can have serious and long-lasting effects on people's heath. As yet this information on harms does not appear to be having an impact on cultural use.

The Liverpool Combatting Drugs Partnership (CDP) has recognised the growing concern related to ketamine use in Liverpool and is leading collaborative work to develop a co-ordinated response and action plan. This work aligns with the ambitions and approach of the national 10-year drug strategy, From Harm to Hope, which emphasise prevention and early intervention as key to tackling this issue.

To fully understand the issue and possible solutions in relation to the use of ketamine, the Liverpool CDP is taking a whole systems approach, using data, research and intelligence; reviewing new and emerging trends and associated harms; learning from good practice across prevention, treatment and recovery, including the voice of those with lived or living experience. We know seeking help early is crucial to prevent long-term harm and we have excellent services here in Liverpool ready to support.

We are grateful for the ongoing strong local political leadership and commitment to proactively tackling this issue.

Ketamine usage - A concerning upward trend

Street Profile

- Commonly referred to as “K”, “ket” or “kenny”.
- Typically sold as a white/beige grainy powder most often snorted/sniffed. Sold as a grainy white or light brown powder. It looks similar to cocaine but is a very different drug.
- Street price varies but area around £20-£30 gram (bulk discounts available).
- Frequently shared among friendship groups, embedding use within social settings.

Market & Legal Status

- Ketamine is classified as a Class B drug. This means it is illegal to buy, sell or possess.
- Ketamine seizures are rising nationally and locally, reflecting increased availability. Enforcement agencies are reporting greater activity in the ketamine market.

Health & Social Impact

Of great concern is the harm that ketamine use is causing:

- Ketamine is a general anaesthetic, so it reduces sensations in the body. These effects are dose related and can include confusion; impaired decision making; accidents; acute mental health crisis; violence victimisation/perpetration.
- Surveys suggest 25-60 % of regular users experience bladder/urinary symptoms or GI/abdominal pain. There is no national data on specialist urology presentations, but we know numbers are increasing locally.
- Other common adverse effects include memory loss, mental health problems, risky and poor decision making.
- Currently most people don’t seek support for harms they experience.

For further information visit:
talktofrank.com/drug/ketamine

Local Insight and Lived Experience

The experience of those with lived experience has been critical in the development of our local response. Current local insight reveals a wide range of harms and reasons for usage.

Reasons for ketamine use include:

- Dissociative / perceptual effects: To manage trauma, feelings of low-mood and stress.
- For those who wish to use and have the contacts – easily accessible, easy to buy, cheap.

Demographics of those sharing their experiences:

- Experience / involvement with social care and children's social care - Care leavers
- Have parents who use(d) drugs/alcohol
- Reported close family/friend bereavements or deaths to suicide
- Average age of first ketamine use: 14-16 yrs old, Problematic/daily use began around: 17 yrs old
- Ketamine use ranges from 1.4 – 28 grams per day

Impact from use:

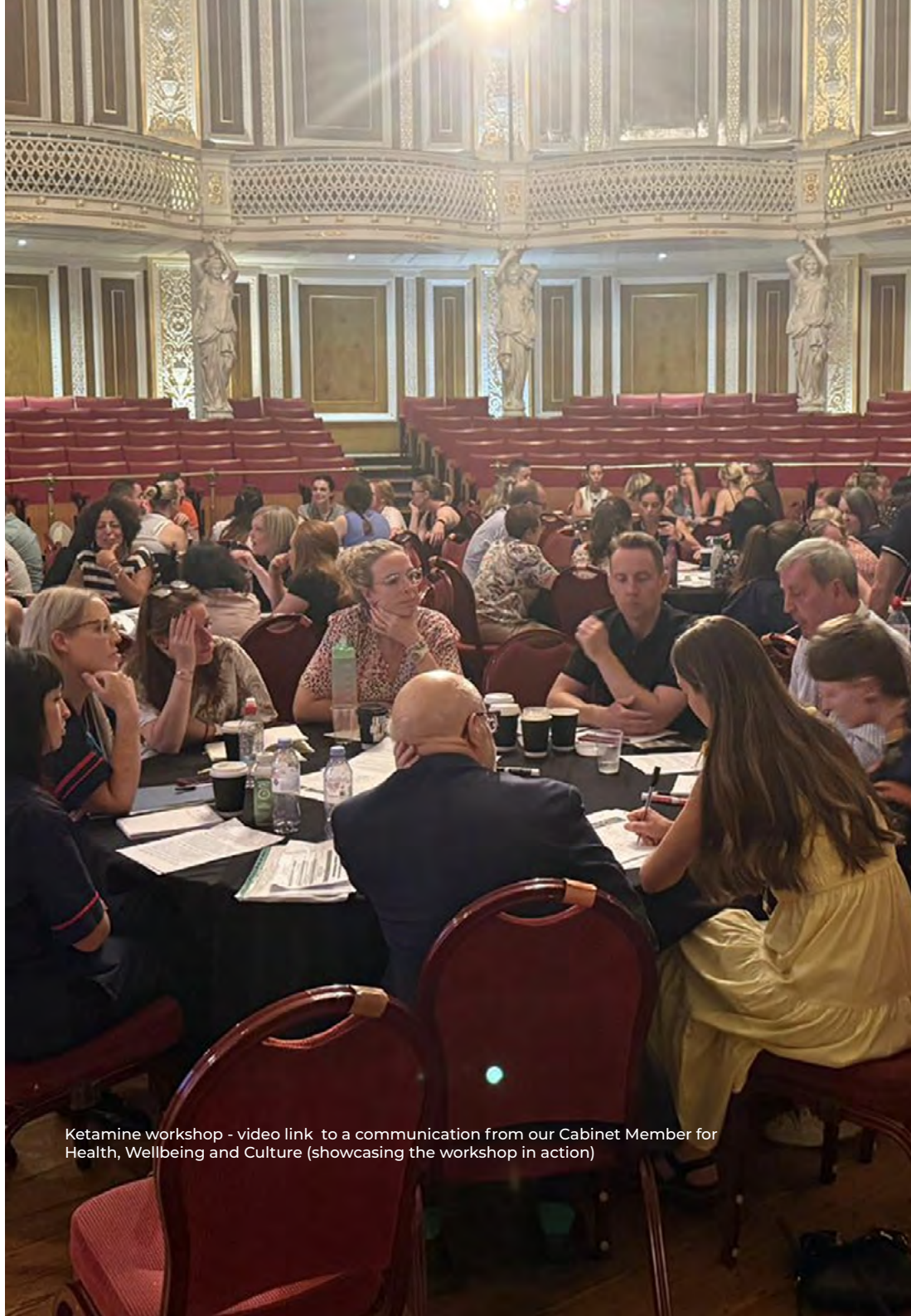
- Feeling isolated – impact on ability to go out
- Severe pain: Stomach cramps
- Mental health: Memory loss, impaired decision making
- Bladder and bowel issues: Increase in the frequency of needing to urinate
- Traveling / attending appointments for support can be challenging (due to above)
- Needing to attend or to be admitted to hospital for bladder related harms
- Experienced elements of exploitation: Involvement in drug dealing to fund debt.
- Weight loss: experienced significant weight loss, with low BMIs
- Parents, carers and families often feeling they don't know how to support their loved one or know where to go for support in their own right.
- May require lifelong interventions

Co-producing a Liverpool Reducing Ketamine Harm Action Plan

This action plan has been developed following significant local engagement

This includes:

- In July 2025, the Liverpool CDP co-ordinated and hosted a multi-agency workshop in St Georges Hall, by bringing together almost 100 professionals - we had a unique opportunity to share insights, hear the wide-ranging impacts of ketamine use, identify gaps, and further the co-production of a multi-agency ketamine action plan that is both practical and impactful.
- We have attended and sought input from numerous relevant local strategic partnerships including City Safe Board and sub-groups, CYP partnership meetings, education and student forums.
- The Liverpool Health & Wellbeing Board has endorsed the production of the plan and supports its implementation, with oversight provided by the Liverpool Combatting Drugs Partnership.



Ketamine workshop - video link to a communication from our Cabinet Member for Health, Wellbeing and Culture (showcasing the workshop in action)

Pillars for action

The following 6 pillars form the foundation of our collaborative approach:

1. Communication, awareness raising and training
2. Community youth work, outreach and peer support
3. Work with schools and wider educational settings
4. Clear pathways into treatment and recovery
5. Enforcement, advocacy and lobbying
6. Improve local data and Intelligence, and undertake research and evaluation of impact

The pillars represent a clear call to action for partners. Together, these pillars aim to improve the health, wellbeing, and resilience of individuals affected by ketamine use, as well as the wider communities across Liverpool.

Pillar 1 Communication, awareness raising and training

Our aim

To increase public understanding of the risks, harms, and support options related to ketamine use through targeted communication and awareness initiatives, promoting informed decision-making and sharing key harm reduction messages to reduce associated health and social impacts. We will ensure our messaging highlights the confidentiality, accessibility and non stigmatising nature of local support.

Rationale

Effective communication and awareness raising are essential to address misconceptions about ketamine, highlight evidence-based information on health risks, and signpost individuals to appropriate support services. By improving knowledge and challenging stigma, the plan aims to empower communities, reduce harm, and support early intervention.

Key actions and timeframes

Short - Term (0-12 months)

- **Introductory training:** Increase frontline professionals confidence in identifying ketamine harm (measured via pre/post surveys)
- **Awareness raising in the night-time economy:** As part of the suite of training include introductory training for staff and provision of ketamine posters aimed at visitors.
- **Communication to head teachers and education settings:** Letters to schools, colleges and universities in the city - quick-reference resources for teachers and parents to promote help-seeking.
- **Develop clear messaging:** Create evidence-based, age-appropriate communication materials that explain health risks, legal implications, and available support services. Use of plain language and culturally appropriate content.
- **Amplify trusted campaigns:** such as the Liverpool RIVER drug and alcohol service, Talktofrank, Catch 22-County Lines, to key partners.
- **Establish a local trusted platform for sharing knowledge** in a variety of ways such as information, resources, what support looks like (RIVER website).
- **Engage with key strategic groups** e.g. Combatting Drugs Partnership Board, City Safe Partnership Board, DISARM, Student Safety Group, Safeguarding.

Medium - Term (12-24 months)

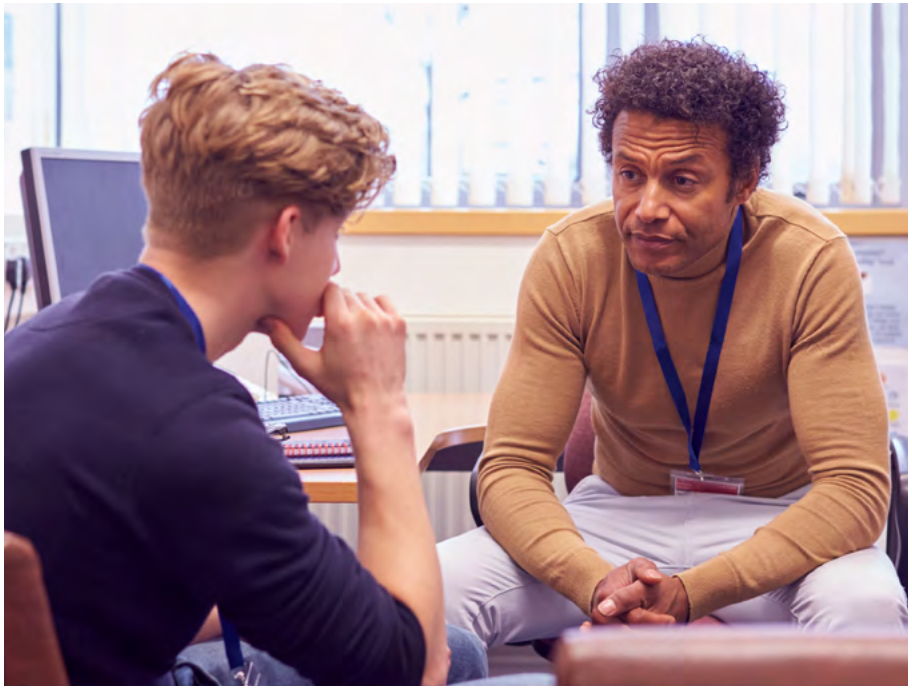
- **Understand parents' / carers' knowledge gaps**, concerns, and preferred communication channels – and develop local approaches to ensure parents/ carers and trusted adults feel able and confident to have supportive conversations related to ketamine.
- **Expansion of training offer:** to a wider range of local services with tailored modules (e-learning modules).
- **Evaluate initial campaigns** and adapt messaging based on feedback and data.
- **Explore the use of creative design** to appeal to a wide range of audiences to share, evaluations and evidence.

Long - Term (24+ months)

- **Develop a sustainable communication strategy** with annual refreshes based on emerging trends and evidence.
- **Pilot parent workshops or webinars:** in partnership with RIVER, schools and community organisations to build confidence in discussing ketamine-related concerns.
- **On-going co-design of messages:** To ensure relevance and authenticity.
- **Review of training plan:** To ensure sustainability and ensure reach of priority groups.
- **Integrate ketamine awareness** into GP and wider CPD programmes for substance misuse, ensuring GPs remain informed about emerging trends and where to refer for help and support locally.

Key partners with a lead role in driving and coordinating action include:

- RIVER Drug & Alcohol Service
- Lived Experience Organisations – Life Boat
- ICB - Hospital Trusts (Adults and YP)
- Community Groups
- Public Health
- Youth Service Provision
- Education Settings
- Merseyside Police



Case Studies | Communication, awareness raising and training

Ketamine awareness Drop-ins

Over the summer of 2025 Liverpool hosted Ketamine awareness Drop-ins at The Brink Recovery Café, in partnership with Lifeboat (Lived Experience Recovery Organisation) and RIVER Drug & Alcohol Service.

These sessions brought together professionals, young people, and families for open discussion, practical advice, and clear information on where to go for help and support.

Almost 200 people attended, reflecting our community's strong commitment to tackling ketamine harm and supporting recovery.

Training & Awareness

Between April 2025 and November 2025 - River Drug & Alcohol service have delivered ketamine awareness sessions to over 1,000 professionals.

River have also provided dedicated ketamine awareness sessions to a range of young people at arranged events including Young Offender Institute and local youth events.

Night-time economy campaign

Posters have been co-developed and displayed in Liverpool bars and clubs raising awareness of ketamine related harms and where to access help and support.

" A massive thank you to the wonderful presenters at the ketamine awareness training at yesterday's youth event. They had the students and the room fully engaged and delivered some important messages in an informative and humorous way which went down really well with the young people "

LCC Neighbourhood Manager

Pillar 2 Community youth work, outreach and peer support

Our aim

To strengthen community-based youth work and peer support networks, ensuring they promote resilience, informed decision-making, and positive social connections.

Rationale

Young people at risk of ketamine-related harm often do not engage with traditional services. Community-based youth work and peer support provide trusted, accessible routes to prevention and early intervention. By embedding harm reduction advice and support within outreach and peer-led models, we can reach those most affected, reduce stigma, and empower individuals to make safer choices.

Key actions and timeframes

Short - Term (0-12 months)

- **Strengthen local youth work offer:** Ensure that the city youth work offer focusses on reducing harms from ketamine including outreach and diversionary work.
- **Deliver pop-up information sessions** in education settings, community hubs, youth clubs to provide factual, non-judgmental advice.
- **Improve access to support** for those at risk or already using ketamine, through non-judgmental outreach and referral pathways.
- **Appropriate / trusted resources:** Identify and adapt credible resources to support engagement and key messaging and awareness.
- **Engage with key strategic groups / networks:** OHID LERO capacity-building project and access to mentoring.
- **Establish a local Lived Experience Forum:** Provide a mechanism for people with lived experience to feedback on needs, skills development, exchange information, and influence future service development (subgroup of the CDP).

Medium - Term (12-24 months)

- **Peer-led workshops** to challenge myths about ketamine and build resilience against peer pressure.
- **Train youth workers** to deliver evidence-based harm reduction messages and motivational interviewing techniques.
- **Development of a Lived Experience Forum Action Plan:** Shaped and owned by the LERO, with an element aligned to ketamine.

Long - Term (24+ months)

- **Build protective factors** by engaging young people in structured activities, mentoring, and peer-led initiatives.
- **Empower communities** to co-design interventions that reflect local needs and lived experiences.
- **Explore the development of youth-led programmes** in community settings that provide safe spaces for discussion about substance use and healthy coping strategies.
- **Explore and support the role of peer mentoring** / peer to peer programs where trained young people share lived experiences and promote positive choices.
- **Measuring impact:** Build in evaluation and feedback tools

Key partners with a lead role in driving and coordinating action include:

- Liverpool City Council Children's Service
- Youth Service Provision
- Easly Help Teams
- RIVER Drug & Alcohol Service
- Lived Experience Organisations – The Big Life, Life Boat,
- Community Groups / Youth Clubs
- Public Health

Case Studies | **Peer support**

Lifeboat peer support Lived experience Recovery Organisation

Lifeboat Community Hub has introduced dedicated ketamine support groups as part of its regular timetable.

These groups cater to both adults and young people, while also offering support for family members affected by a loved one's ketamine use. They provide a safe, recovery-focused environment that fosters peer-to-peer support and builds a community grounded in lived experience.

LIFEBOAT

" Lifeboat gave me something I didn't know I needed: community "

" Coming to Lifeboat changed everything. I had never met other ketamine users before. Hearing stories that mirrored mine was the first time I felt understood. I could speak about my pain - physical and emotional - without judgement. That connection gave me strength "

" Listening to others' stories has been profoundly healing, allowing me to relate to them and reflect on the times I've lived through and experienced. It has given me the opportunity to understand my own journey and growth in recovery "

Pillar 3 Work with schools and wider education settings

Our aim

To prevent and reduce ketamine-related harms among children and young people by equipping schools and education settings with the knowledge, resources, and systems needed to; respond early, promote healthy choices and resilience; Identify and support at-risk students early; Create safe, supportive environments that discourage drug/ alcohol use.

Rationale

Schools and education settings are uniquely positioned to prevent harm by fostering resilience, delivering accurate information, and identifying risks early. A whole-system approach that integrates education, health, and community support can reduce long-term societal costs, improve life chances, and align with national strategies such as From Harm to Hope, which emphasise prevention and early intervention as key to tackling drug-related harms.

Key actions and timeframes

Short - Term (0-12 months)

- **Embed ketamine awareness and harm reduction:** Ensure local co-ordination with the Liverpool Healthy schools programme.
- **Communication to head teachers and education settings**: Letters to Primary schools, colleges and universities in the city -quick-reference resources for teachers and parents to promote help-seeking.
- **Introductory training:** Deliver introductory training for teachers, DSLs and school nurses-wide-range of harms, harm reduction, and local support pathways (RIVER Eventbrite).
- **Host student drop ins:** In collaboration with Guild university, RIVER to continue to host student drop ins for support and advise.
- **Engage with key strategic groups** e.g. Student Safety Group, Head Teacher Forums, Student Unions, Liverpool LASH.

Medium - Term (12-24 months)

- **Screening tools:** Integrate screening tools into health programmes.
- **Development of age-appropriate lesson plans:** PHSE curriculum - Co-develop lesson and assembly plans for secondary schools, on ketamine and other drugs.
- **NETE provision:** Engage and map existing provision, identify opportunities to engage and upskill.
- **School drug/alcohol policy:** Provide support to schools in reviewing and developing their policy - Ensure clear, consistent policies on drug/alcohol use aligned with local safeguarding

and health frameworks. Include restorative approaches rather than punitive-only measures.

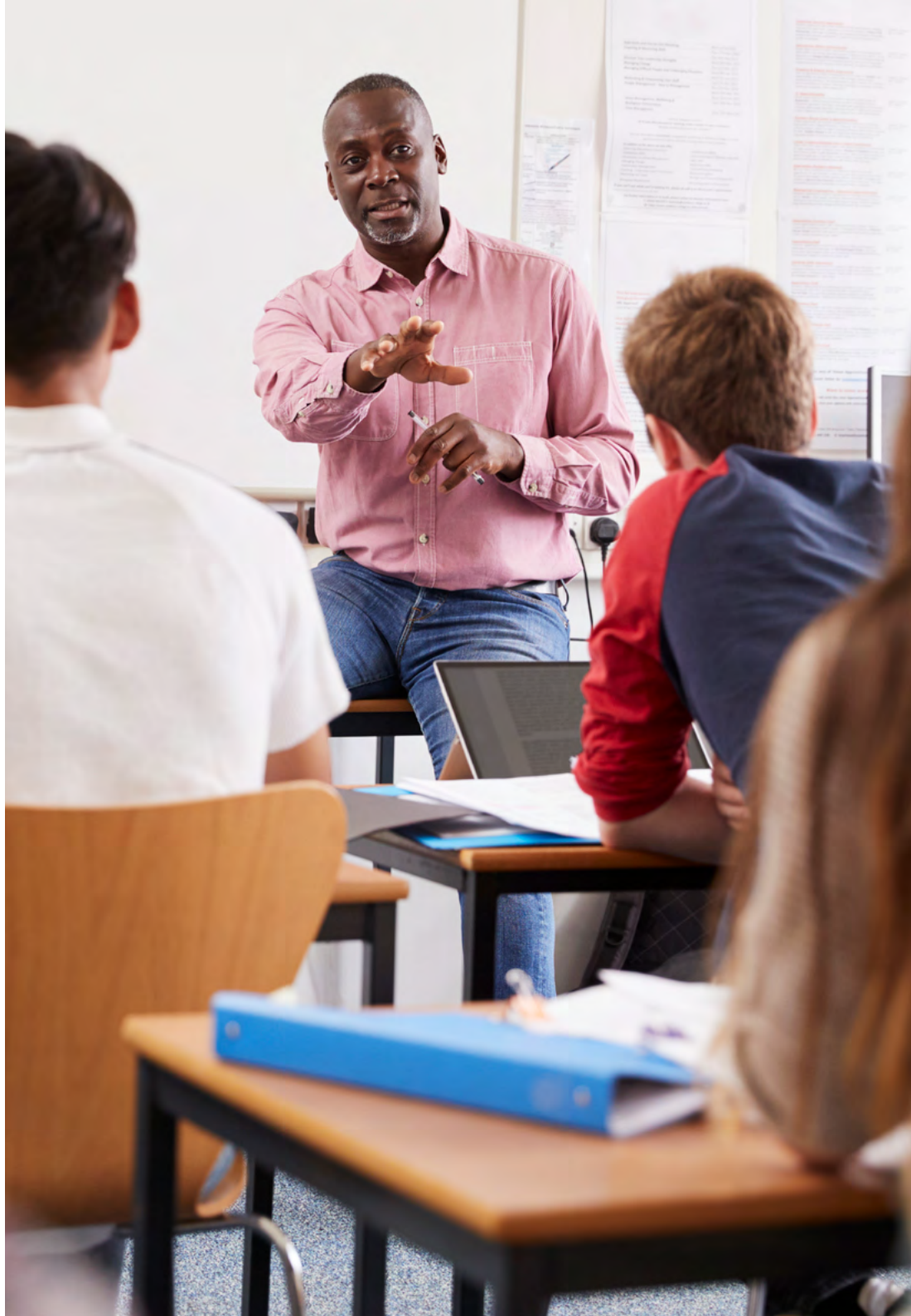
- **Ongoing insight and monitoring:** Track trends in pupil/student attitudes and behaviours through recognised surveys.

Long - Term (24+ months)

- **Measure change and confidence:** in staff and parent confidence to have conversations about ketamine through pre- and post-intervention surveys or feedback tools.
- **Prevention Programmes:** Longer term whole school approach prevention programmes. Link to mental health and resilience-building programs.
- **Embed ketamine awareness** into PSHE education and assembly sessions

Key partners with a lead role in driving and coordinating action include:

- 0-19 Service
- RIVER Drug & Alcohol Service
- Education Settings
- Safeguarding
- Mental Health Services
- Virtual Schools



Pillar 4

Clear pathways into integrated treatment and recovery

Our aim

To reduce the health, social, and economic harms associated with ketamine use by establishing clear, accessible, and evidence-based pathways into treatment and recovery for individuals experiencing problematic use.

Rationale

While some individuals may experience minimal harm, a proportion of individuals may develop patterns of use that impact mental health, physical wellbeing, and social functioning due to often seeking help late leading to missed opportunities for early intervention. Strengthening timely identification, clear accessible pathways to treatment and recovery are essential to reduce harm, improve engagement, and provide timely support for those most at risk.

Key actions and timeframes

Short - Term (0-12 months)

- **Develop & embed a unified referral protocol:** Create and embed a simple, accessible referral process for support and treatment.
- **Specialist community-based treatment:** Recruitment of a multi-disciplinary team, providing stepped, holistic-care, case management approach that is non-judgemental and age-appropriate for individuals with complex needs (all-ages).
- **Explore the strengths & gaps in-patient and residential treatment pathways:** For adults and young people who use(d) ketamine.
- **Connection, partnership & collaboration with local Lived Experience Recovery Organisations:** Maintain positive connections with peer-to peer mutual aid. This can have a complementary effect when combined with structured treatment and can reduce rates of post-treatment return to use by providing continuing social support.
- **Development of a pilot to increase engagement with specialist services for YP:** Joint working arrangements (Young People Acute Setting and RIVER): Pilot a jointly delivered clinic for ketamine induced uropathy with Alder Hey and RIVER drug and alcohol service for patients aged 16 or under.
- **Ensure that pathways are appropriately responsive to mental health.**

Medium - Term (12-24 months)

- **Enhance treatment accessibility:** Offer distinct & multiple entry & engagement points to help people feel safe & understood within their respective setting (online, face to face, community hubs, youth friendly access points, lived experience networks).
- **Assess vulnerability to ketamine (drug) use:** Statutory and other services via routine appointments and opportunistic contacts to assess vulnerability MECC/BI/EBI.

- **Support development of screening tools for Primary Care:** Implement routine screening to support early identification.
- **Deliver drug prevention activities as part of existing services:** Key agencies with a lead- School nursing, health visiting, sexual and reproductive health, mental health services, accident and emergency, criminal justice services, including adult, youth and family justice.
- **Support needs for families:** Understand the range of support needs, recognising that parents and significant others may need support in their own right.
- **Diet and nutrition:** Develop helpful guides to support recovery and wellbeing.

Long - Term (24+ months)

- **Development and delivery of family / parent interventions:** Explore the development of webinars, workshops, single point of contact for parents to access advice, family support groups to reduce stigma and share coping strategies.
- **Embed and review effectiveness of screening tools** in Primary and Secondary Care: Continuous improvement.
- **Review and refine joint working arrangements** (Urology and specialist services-RIVER)

Key partners with a lead role in driving and coordinating action include:

- RIVER Drug & Alcohol Service
- Lived Experience Organisations – LifeBoat,
- ICB [Hospital Trusts (Adults and YP)]
- Community Groups
- Public Health
- Sexual Heath Services
- School Nurse – health Visiting
- Youth Service Provision

Pillar 5 Enforcement, advocacy and lobbying

Our aim

To implement a comprehensive, multi-sector approach that reduces ketamine-related harms by combining enforcement to limit supply, diversion to prevent criminalisation, and lobbying and advocacy to influence policy and resource allocation, ensuring people and communities are supported through prevention, education, and health-based interventions.

Rationale

Together, these actions tackle immediate risks and can influence systemic change, creating safer environments and sustainable solutions.

Key actions and timeframes

Short - Term (0-12 months)

- **Engage with local elected members and MPs:** Facilitate informed discussions to support adopting health-led responses for effectively reducing drug-related harm rather than criminalisation.
- **Targeted policing and disruption:** Implement targeted enforcement in hotspot areas while maintaining a harm-reduction approach.
- **Promote County Lines support and rescue service:** working with victims of county lines exploitation (young people under 25, and their families).
- **Advocate for trauma-informed services** to address underlying causes of drug use.

Medium - Term (12-24 months)

- **Ongoing enforcement & disruption actions:** Targeted drug market & county lines disruption- Merseyside Organised Crime Partnership (OCP) and Matrix Disruption Team efforts to dismantle high-risk criminal networks such as illegal supply chains (Operation Medusa, Stonehaven, Toxic).
- **Advocate a Public Health and harm reduction** balanced-approach over punitive measures in relation to regulatory changes.
- **Asset mapping and awareness:** Further understand diversionary pathways particularly for young people – such as restorative justice and heath referrals – prevent low-level offences from escalating into long-term criminal consequences.
- **Multi-agency influence:** Provide expert assessments, recommending tailored interventions for e.g. Pre-sentence reports and recommendations (Courts / Youth Court)
- **Drug testing and treatment requirements:** As part of existing community sentences for ofenders, explore the need for tailored interventions/approaches relating to ketamine.

Long - Term (24+ months)

- **Advocate for sustained funding** for prevention and early intervention.
- **Develop intelligence-sharing protocols:** between police, local authorities, and health services.
- **Influence national policy:** Lobbying & engagement with national bodies such as ADPH to promote and influence e.g funding decision for prevention and treatment.
- **Maintain active links with national working groups:** Contribute to commissioning working groups E.g. ESUCH, Tier 4, Harm reduction group.

Key partners with a lead role in driving and coordinating action include:

- Merseyside Police
- English Substance Misuse Commissioners Group
- ACMD
- Catch 22 – County Lines
- Youth Offending Service
- Probation Service

Case Study | Merseyside Police/Catch 22 County Lines

Merseyside Police/
Catch 22 County Lines

Merseyside Police/ Catch 22 County Lines

Catch 22 in partnership with Merseyside police work together to address county lines activity and support young people who are being or have been exploited.

Young People are identified and referred into the service, often following arrest for other offences, and receive holistic support and interventions.

Working in this way aids in reducing immediate risks and harm and preventing escalation through early intervention for the individual but also tackling the wider environment of gangs and violence in our communities.

Case Study

- Young person referred following arrest.
- Disclosed exploitation by organised group.
- Built trust with practitioner and received tailored interventions and support.
- Reported relief following arrest and fully cut ties with exploiters.
- Able to recognise risks.
- Improved insight into coercion and strengthened family relationships.

“ Without the police arresting me and recognising that I was a frightened boy I would never have got support... I will be forever grateful ”

Pillar 6 Improve local data and intelligence, research and evaluation

Our aim

To improve understanding of local ketamine use patterns and associated harms by integrating data analysis, community insight, and research, while embedding evaluation to inform and refine local evidence-based interventions.

To develop a comprehensive surveillance and evidence base.

Rationale

Ketamine use is presenting increasing public health challenges, yet current responses are often limited by gaps in local data, community perspectives, and robust evaluation. By combining research, comprehensive data analysis, and lived experience, we can generate actionable insights and measure the impact of interventions, ensuring they are relevant, effective, and continuously improved.

Key actions and timeframes

Short –Term (0-12 months)

- **Conduct a local data inventory -** baseline mapping of key data sources and gap analysis.
- **Call for evidence:** Contribute to the national call for evidence via Advisory Council for the Misuse of Drugs (ACMD) in relation to participating in the ketamine harms assessment based on existing data and intelligence (CDP).
- **Benchmark local prevalence** against regional and national data to inform immediate priorities.
- **Exchanging local intelligence:** Development of data-sharing agreements for linking data and exchanging local intelligence.
- **Community engagement:** Capture lived experiences and perceptions around ketamine use and harms, through focus groups, case studies to shape priorities for action.
- **Joint strategic needs assessment:** Refresh JSNA pack.
- **Drug Market Profile and intelligence sharing** refresh the Liverpool drug market profile and increase intelligence reporting to the CDP re-enforcement activity.

Medium –Term (12-24 months)

- **Enhance hospital and GP surveillance:** Continued effort to expand data collection, analysis and dissemination from acute and primary care settings in relation to ketamine use for decision making (Hospitals & GPs).
- **Enhance early warning surveillance systems:** data collection, analysis and dissemination relating to non-fatal overdoses and serious incidents (Northwest Ambulance Service & LDIS).
- **Development and implementation of a sustainable benchmarking framework** (local CDP ketamine dashboard) including identifying key metrics to compare prevalence, monitor trend over time and track changes and effectiveness of the action plan (Public Health).

- **Development of a lived experience network:** Structured engagement with people who have real-life experience to share their views and help improve the evidence we use for planning and services. (The Big Life, Lifeboat).
- **Local intelligence briefings:** Disseminate quarterly to key strategic groups and partners (Public Health).

Long –Term (24+ months)

- **Evidence base and community intelligence:** Explore locally how best to combine real-world insights with formal research, to create a richer, more comprehensive evidence base for best practice - qualitative research with lived experience.
- **Optimise data analysis:** Learning the most we can from the data.
- **Embed benchmarking tools.**
- **Monitoring and evaluation:** Set metrics to track progress and impact of interventions - Review and update actions based on emerging trends.

Key partners with a lead role in driving and coordinating action include:

- ICB [Hospital Trusts (Adults and YP)]
- Public Health
- LJMU
- Northwest Ambulance Service
- OHID
- Merseyside PoliceLifeBoat

Governance and measuring success

This action plan provides a roadmap that sets Liverpool on a path toward a more proactive and responsive approach to reduce ketamine harms.

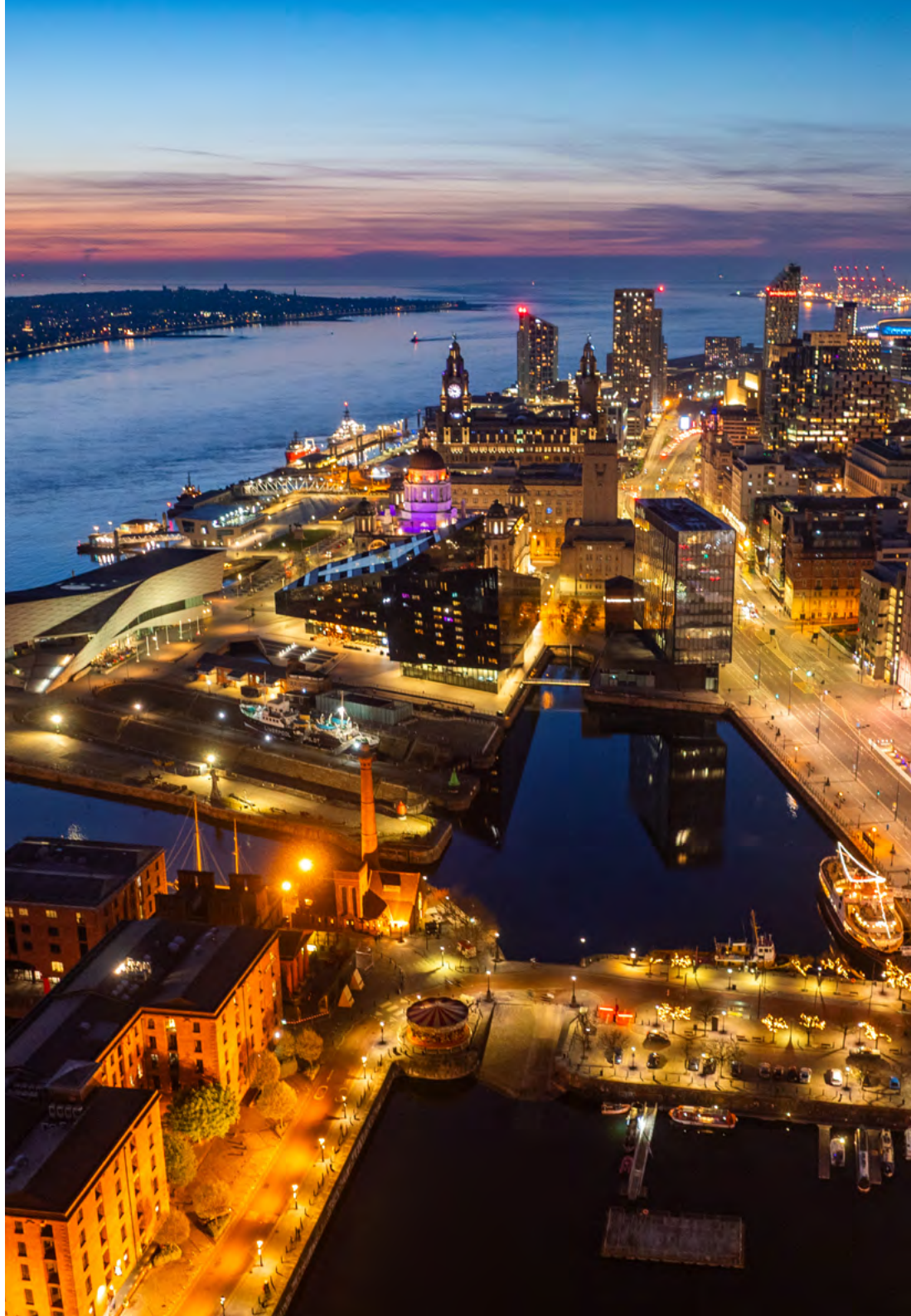
This action plan has been co-produced following significant engagement with local stakeholders, partnerships and boards and most importantly those with lived experience.

The delivery of the action plan will be overseen by the Liverpool Combatting Drugs Partnership (CDP). Progress updates will be provided to the Liverpool City Safe Board and Health and Wellbeing Board.

The action plan outlines our collective approach – each pillar includes actions with clear accountability and timelines for delivery (short, medium and longer-term phases).

Progress will be tracked a number of ways including the development of a local CDP ketamine dashboard which will report progress related (but not limited) to:

- Reduction in ketamine usage and related hospital admissions.
- Monitoring of impact of prevention and harm reduction interventions.
- Increased referrals to treatment.
- Improved awareness among young people.
- Insight and feedback from those with lived experience.

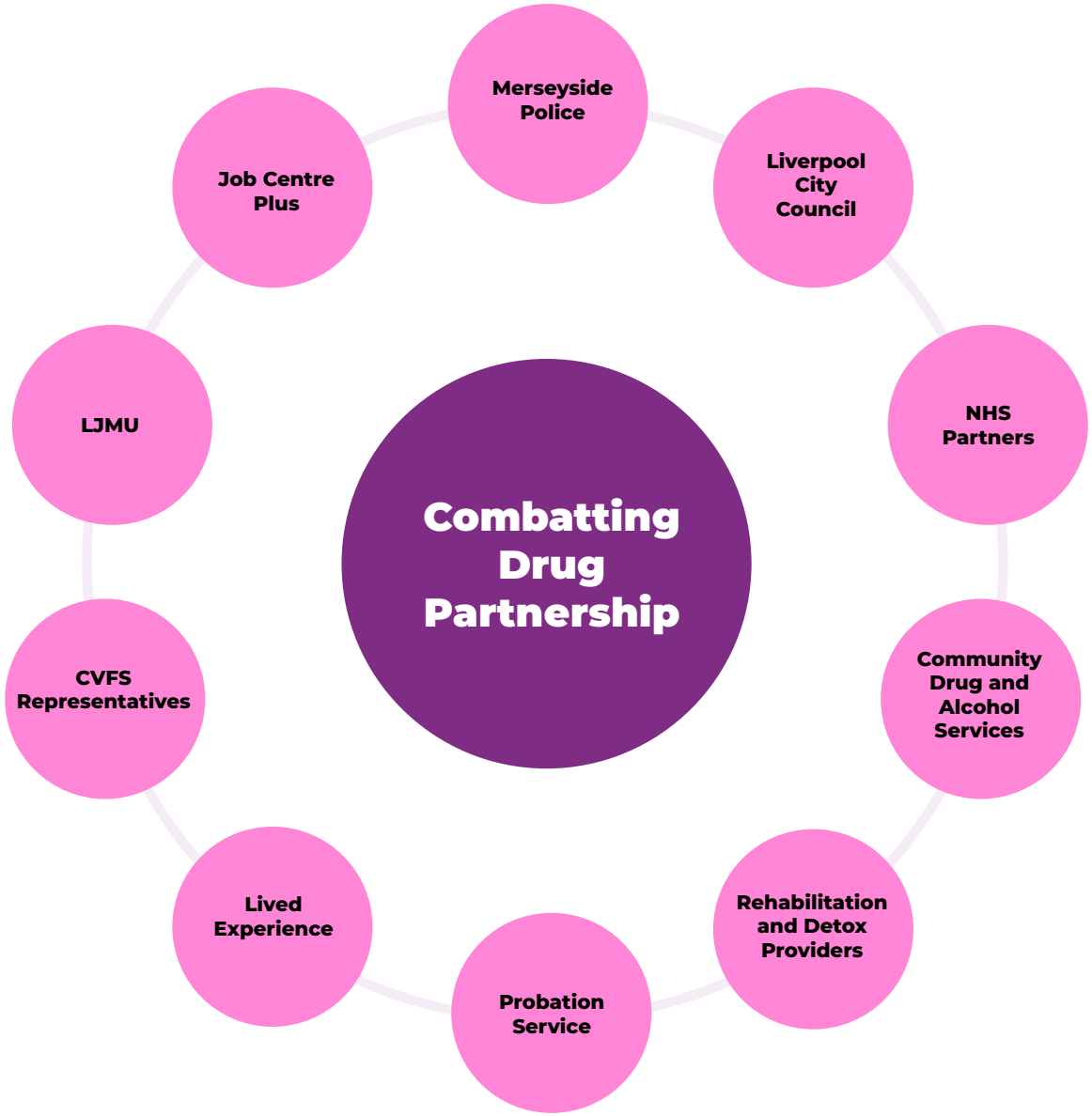


The Liverpool Combatting Drugs Partnership

The Liverpool Combatting Drugs Partnership (CDP) is a sub-group of the City Safe Board and is the local strategic forum for fostering collaboration, understanding and addressing shared challenges to reduce alcohol and drug-related harm in Liverpool. It is chaired by the Director of Public Health with a co-chair from Merseyside Police.

The Liverpool CDP brings together multiple local partners including the local authority, police, drug and alcohol treatment and recovery providers, education, mental-health services, NHS providers, probation, voluntary sector organisations.

We are also members of the Merseyside CDP network, working collaboratively on a Merseyside footprint and are active participants of the Office for Health Improvement and Disparities (OHID) Northwest and National drug networks to share evidenced-best practice and emerging trends.



Where to go for help and support

For individuals requiring information, advice or support in relation to ketamine, River Drug and Alcohol Services provide a free and confidential service in Liverpool and can be accessed via the following details:

River
Liverpool Drug & Alcohol Support Services

Referrals and contact:

- Service Information
- Service user self-help tools
- Professional Referrals
- Self Referrals

riversupportservices.org.uk

0151 706 7888
Adult number

0151 706 9747
Children and young person number

Office phone hours

Mon to Thurs:	9am - 7pm
Friday:	9am - 5pm
Sat and Sun:	9am - 1pm

Outside office hours, phone lines will be diverted to **24 hour SPOC** for any urgent calls

Thank You

We are grateful to local partners for their insight, dedication, and shared commitment to this work. Their contributions have been instrumental in shaping this action plan, which represents a collective step forward in reducing ketamine harm in the City and protecting local people from harm.

A special thank you to the Liverpool Combatting Drugs Partnership members and the Public Health Team at Liverpool City Council for their strategic oversight and sustained commitment to advancing this programme of work.

For further information related to this action plan and its delivery please contact the Liverpool Public Health Team on:
publichealth@liverpool.gov.uk