

Ketamine Misuse

Understanding dissociation, physical risks and where to get help

Ketamine is a dissociative anaesthetic used medically in controlled settings. Outside medical care it may be used for its detached, dream-like or altered-reality effects. The experience can feel calming, distant, euphoric or disorientating, depending on dose and circumstances. Repeated or escalating use can affect memory, mood, judgement and everyday functioning, and ketamine has a particularly important association with serious bladder and urinary-tract problems.

Dissociation: when reality feels altered

Ketamine can change the way a person experiences their body, surroundings, time and sense of self. Effects may include feeling detached from the body, dream-like perception, confusion, reduced awareness of pain and difficulty coordinating movement. At higher levels of intoxication a person may become extremely detached or unable to respond normally to their surroundings. This can increase vulnerability to falls, accidents, unsafe situations and exploitation because judgement and physical awareness may be impaired.

Signs use may be becoming harmful

Increasing pattern Using more often, needing more for the desired effect, strong urges, repeated unsuccessful attempts to cut down or organising life around use.	Thinking & mood Memory or concentration difficulties, low mood, anxiety, emotional blunting or feeling increasingly detached when not using.
Everyday impact Missed work or study, financial pressure, relationship difficulties, risky situations or withdrawing from ordinary activities.	Physical warning signs Urinary urgency, needing to pass urine very frequently, bladder or pelvic pain, pain when urinating, or blood in the urine.

Ketamine and the bladder

Repeated ketamine use can cause inflammation and damage to the bladder and urinary tract, sometimes called ketamine-induced cystitis or ketamine bladder. Symptoms can include severe urgency, passing small amounts of urine very frequently, pelvic/bladder pain, pain when urinating and blood in the urine. Do not ignore urinary symptoms. Early medical assessment matters because continued use can be associated with worsening and potentially serious damage.

Other physical risks

Intoxication can affect coordination, awareness and response to injury. Nausea and vomiting may occur, and combining ketamine with alcohol, opioids, benzodiazepines or other sedating substances can increase impairment and medical risk. Repeated heavy use has also been associated with abdominal pain sometimes described as 'K-cramps', and other organ complications have been reported. Persistent or severe abdominal or urinary symptoms need medical assessment rather than self-diagnosis.

When urgent help is needed

Call **999** if someone is unconscious or cannot be woken, has severe breathing difficulty, a seizure, collapses, is dangerously confused or agitated, or has sustained a serious injury. Seek prompt medical advice for blood in the urine, significant urinary pain, severe abdominal pain or rapidly worsening urinary symptoms. Be honest about ketamine use: it can help clinicians investigate the right causes sooner.

A first step

Notice what the dissociation is doing for you. Is ketamine creating distance from anxiety, trauma, sensory overload, loneliness, difficult memories or pressure? Write down the situation before use, the effect you wanted, what happened afterwards and any physical symptoms. This can help a GP or drug service understand both the immediate risks and the need underneath the pattern.

Ketamine Misuse - Support and Recovery

Bladder health, practical change and UK routes to support

Where to get help in the UK

GP / urgent medical care	Tell a clinician about ketamine use if you have urinary, bladder or abdominal symptoms. Accurate information is important and can affect what investigations are considered.
Local drug & alcohol service	Community services can assess ketamine use, dependence and wider needs. Many accept self-referrals and can offer one-to-one, group and recovery support.
FRANK	Confidential UK drug information and advice. Helpline: 0300 123 6600 ; text 82111 . FRANK also provides information about finding local services.
UK SMART Recovery	Free peer-support meetings using practical tools for motivation, urges, problem-solving and maintaining behavioural change.
Narcotics Anonymous UK	Peer-led recovery fellowship with in-person and online meetings. Helpline: 0300 999 1212 .
Emergency help	Call 999 for unconsciousness, severe breathing difficulty, seizure, collapse, serious injury or immediate danger. NHS 111 can provide urgent medical advice where available.

The 'escape and cost' reflection

Complete four sentences: **When I use ketamine I am trying to get away from... The part of the experience I most seek is... The cost I notice afterwards is... If I used less or stopped, I would need support with...** Include physical symptoms as well as feelings. The purpose is not to shame the wish to escape; it is to identify what needs another form of care.

Protecting bladder health

Urinary symptoms should not be normalised as an unavoidable part of ketamine use. If you are passing urine very frequently, experiencing urgency, pelvic pain, pain when urinating or seeing blood, seek medical assessment and tell the clinician about ketamine. Continuing to use despite symptoms may increase the risk of further injury. Internet remedies or simply drinking very large amounts of water are not substitutes for assessment and treatment.

Supporting somebody else

Talk when the person is sober and able to engage. You might say, 'I've noticed you are going to the toilet constantly and seem to be in pain - I'm worried about you.' Encourage medical assessment as well as drug support. During intoxication, focus on immediate safety rather than arguing about recovery. Keep boundaries around money, driving, vulnerable dependants and situations that place you at risk.

One book to explore

Overcoming Your Alcohol or Drug Problem: Effective Recovery Strategies - Dennis C. Daley and G. Alan Marlatt. This is not a ketamine-specific book, but its structured work on triggers, urges, consequences and relapse prevention translates well to repeated ketamine use. I particularly value the focus on identifying what a substance is doing for the person and developing alternative responses. Because ketamine can cause specific physical complications, I would pair psychological recovery work with medical assessment whenever bladder, urinary or abdominal symptoms are present.

A message from Maggie

Wanting distance from something painful can make sense, even when the way you have found to create that distance is beginning to hurt you. With ketamine, the body can start sending very clear messages - particularly through bladder and urinary symptoms - and those messages deserve to be taken seriously. You can seek help for the physical effects and the reasons you use at the same time. Recovery does not have to begin with judgement; it can begin with noticing what is happening and letting somebody help.

Clinical note

This guide is educational and does not replace individual medical assessment. Urinary, bladder or abdominal symptoms associated with ketamine use may require prompt investigation. Severe acute symptoms or loss of consciousness require emergency care. Risks vary with amount, frequency, other substances and individual health. Service details can change and should be checked before publication.