Department of Health & Social Care

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Minister of State
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HM Coroner Brendan Joseph Allen
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10th August 2026

Dear Mr Allen,

Thank you for the Regulation 28 report of 18 June 2026 sent to the Secretary of State for Health and Social Care about the death of Isabelle Sapherson-Moralee**.** I am replying as the Minister with responsibility for Public Health.

I was saddened to read of the circumstances of Isabelle Sapherson-Moralee's death and I offer my sincere condolences to their family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention. Thank you for the additional time provided to the department to provide a response to the concerns raised in the report.

Your report raises concerns over the coordination of care for patients experiencing ketamine related harms, guidance to support safe prescribing where ketamine use is a concern and the need for research and understanding of ketamine dependence and associated harms.

The Government's response to each concern is set out below.

1. Coordination of care for patients experiencing ketamine-related harms

This Government recognises the increasing prevalence of ketamine use and the growing number of people experiencing ketamine-related harms, including severe urological complications and dependence.

We know that people with co-occurring substance use and other health needs too often do not receive the integrated, person-centred care they require and deserve. I want to assure you that the Department of Health and Social Care (DHSC) is taking action on this important issue to improve the standards of care and integration of services for those with co-occurring substance use and other health needs.

In December 2025, DHSC and NHS England (NHSE) jointly published the Co-occurring Mental Health and Substance Use Delivery framework: https://www.gov.uk/government/publications/co-occurring-mental-health-and-substance-use-delivery-framework.

The delivery framework includes recommended actions on how the health system can work together to improve coordinated care, as well as actions we will take nationally to better support

this. These recommended actions include an ask for services and clinicians to work as multidisciplinary teams to ensure collaborative case management and establishing joint working protocols between drug and alcohol services and mental health services. DHSC is now looking at how to better co-ordinate physical health pathways with drug and alcohol treatment services drawing on the experience of the Co-occurring Mental Health and Substance Use Delivery framework.

You also highlighted the recommendation for greater collaboration made by the Government's Advisory Council on the Misuse of Drugs (ACMD) in their Updated Review of Ketamine Use and Harms, January 2026 (https://www.gov.uk/government/publications/ketamine-an-updated-review-of-use-and-harms). DHSC recognises the need for greater collaboration between community drug and alcohol treatment services, primary care, social care, mental health services, hospitals and relevant medical specialties to provide holistic support for people experiencing ketamine-related harms. We have started work in response to the review and this recommendation. As part of this, the Department is working with NHS partners to strengthen awareness, referral pathways and coordination of care for people with ketamine use disorder and its associated complications.

NHS England will communicate with Regional Medical Directors, Chief Medical Officers and Chief Nursing Officers to support the dissemination of information on the public health impact of illicit ketamine use and associated harms. This will include information to assist healthcare professionals in recognising ketamine-related complications, referring patients to appropriate services and delivering integrated packages of care.

In 2024, DHSC published a toolkit for drug treatment services and other stakeholders which provides information on ketamine-related harms, prevention, treatment and healthcare system responses, including the importance of referral pathways and joint working to support integrated care. DHSC will review and update this resource, to be published in the autumn, to ensure that it remains aligned with NHS England communications, emerging evidence and developing good practice.

In 2025, DHSC also launched a communications campaign raising public awareness, which included a ketamine factsheet for local authority public health teams to cascade to health partners. The factsheet provided information on the risks associated with ketamine use and supports frontline professionals to identify problems early, make appropriate referral and provide integrated treatment.

DHSC is also supporting work led by the British Association of Urological Surgeons (BAUS) to improve awareness of ketamine-associated bladder damage among urologists and strengthen referral and treatment pathways between specialist healthcare services and drug treatment providers.

Because patterns of illicit drug use change and evolve over time, national clinical pathways are not developed for each illicit drug but general principes, which apply to ketamine use, are outlined *Drug Misuse and Dependence: UK Guidelines on Clinical Management* (commonly known as the "Orange Book", https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management). However local drug and alcohol treatment services develop specific pathways for prevalent drugs, as well as generic pathways, and this is now common practice for ketamine use. Many of the larger national and regional providers and some national membership bodies have developed ketamine resources, pathways and practice sharing events

and networks. We are confident the system is responding and the Government is taking forward a range of actions designed to improve coordination between services to support the delivery of holistic multidisciplinary care, in line with the ACMD's recommendations.

2. Guidance to support safe prescribing where ketamine use is a concern

The Government recognises the importance of safe prescribing for all patients.

Decisions about what medicines to prescribe are made by the doctor or healthcare professional responsible for that part of the patient's care. Prescribers are accountable for their prescribing decisions. Prescribers must always satisfy themselves that the medicines they consider appropriate for their patients can be safely prescribed and that they take account of appropriate national guidance.

The *Clinical Guidelines on Drug Misuse and Dependence* is the nationally recognised clinical guidance for clinicians on the treatment of substance misuse and dependence. The guidance includes advice on prescribing practice, risk assessment, management of comorbidity, shared care arrangements and communication between specialist and primary care services. In particular, Chapter 4, *Pharmacological Interventions*, and section 4.2, *Prescribing*, set out principles of safe prescribing in the context of substance misuse treatment.

Prescribers are expected to consider the risks and benefits of treatment and to utilise established medicines information resources, including the British National Formulary (BNF), which provides information on indications, cautions, contraindications and clinically significant drug interactions. These resources support informed prescribing decisions across all care settings.

The ACMD's review also recommended the development of clinical guidance for the off-label use of ketamine or esketamine. The responsibility for the development of detailed clinical prescribing guidance rests with healthcare providers, professional bodies, Royal Colleges and system regulators. Providers are expected to maintain appropriate local governance arrangements, clinical protocols and standard operating procedures to ensure the safe use of controlled drugs, including where medicines are prescribed outside their licensed indications.

Where concerns arise regarding the prescribing of medicines with dependency-forming potential in individuals with current or previous substance misuse problems, local authorities commission specialist drug and alcohol treatment services staffed by appropriately trained clinicians. These services provide assessment, treatment and specialist advice to support GPs and other healthcare professionals in the management of complex cases. The Orange Book emphasises the importance of collaborative working and shared care between specialist treatment services and primary care in order to support safe and effective clinical management. The Department is also working to ensure information can be shared more easily between local authority commissioned drug and alcohol treatment services and NHS services.

The Department therefore considers that the current framework provides:

- nationally recognised clinical guidance through the Orange Book;
- access to prescribing and drug interaction information through the BNF and other established medicines information resources; and

- access to specialist addiction services that can support prescribers in the management of patients with complex substance misuse histories.

3. Research and understanding of ketamine dependence and associated harms

The Government acknowledges that further research is required to improve understanding of the long-term consequences of chronic ketamine use and to inform future prevention and treatment responses.

However, an increasing body of evidence has developed in recent years regarding the harms associated with chronic ketamine use. These include dependency, significant urinary tract and bladder damage, gastrointestinal complications, mental health harms and impacts on quality of life. Much of this evidence was considered by the ACMD in its recent updated review of ketamine use and harms.

To strengthen the evidence base further, DHSC has commissioned research examining patterns of ketamine use and the characteristics of people who use ketamine. The study is expected to conclude in 2027 and gather qualitative data from people who currently use ketamine, people experiencing ketamine-related harms and individuals both receiving and not receiving treatment. The research will improve understanding of the motivations for ketamine use, determinants of dependence, barriers to accessing treatment, routes to recovery and unmet treatment needs. The findings will help inform future policy and service development.

Alongside this research, DHSC continues to monitor trends in drug use, treatment demand and health harms. Information on treatment presentations is routinely collected through the National Drug Treatment Monitoring System (NDTMS). DHSC is also working with NHS England analysts to explore the use of additional data sources to improve understanding of trends in ketamine-related hospital admissions and associated health conditions, including ketamine-associated uropathy. This aligns with the ACMD's review recommendation 14 that ketamine use and related conditions should be included in health service data collection to facilitate monitoring and enhanced system responses.

The Government is working with NHS partners, researchers and clinical experts to improve the evidence base regarding ketamine-related harms and to ensure that services are informed by the best available evidence.

I am grateful to you for bringing these important matters to my attention. The Government remains committed to reducing drug-related harms, improving access to effective treatment and ensuring that healthcare professionals are supported by appropriate evidence, guidance and specialist services. We will continue to work with partners across the health and care system to improve outcomes for people affected by ketamine use and its associated harms.

Yours sincerely,

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