



Strategies to Assess and Mitigate Against Risk of Ketamine Abuse August 2024

Science and treatment innovation for ketamine therapy is moving faster than regulation, producing a significant regulatory void and considerable differences in the quality of care and the safety measures being taken in various clinics. Despite its potential in mental health, there is risk of abuse and misuse with ketamine. As such, careful consideration must be given when treating patients with a history of substance abuse.

ASKP3's key strategies to assess and mitigate against risk of ketamine abuse include:

PATIENT SELECTION: A thorough psychiatric and medical evaluation should be performed which includes evaluation of current and historical substance use and abuse history, and documentation of previous treatment modes and outcomes. In addition, querying controlled prescription monitoring state databases, use of urine drug-tox screens, and obtaining records from past providers can help evaluate appropriateness for treatment. Patients with a history of substance abuse who have recently or frequently relapsed are likely not good candidates for ketamine therapy in most circumstances. However, substance abuse disorders are complex and heterogeneous, and it should be known that research does support some use of ketamine in circumstances of addiction, particularly alcohol use disorder and opiate use disorder.

Given all of this complexity, patients should generally have another evidence-based indication such as depression, anxiety, PTSD, and/or suicidality, to name a few, when considering treatment. To be clear, when addiction recovery is a stated goal, it should be accompanied by other psychiatric diagnoses supported by research proving efficacy with ketamine therapy. It is also important that the provider is experienced in substance abuse treatment and the ketamine therapy is only one part of a comprehensive program that may include other pharmacotherapeutics (such as naltrexone and Antabuse), self-help, counseling, comprehensive psychotherapy, and other procedures such as transcranial stimulation. Treatment should only be engaged in the context of an ongoing relationship with an experienced provider through frequent face-to-face interaction, with safeguards in place to evaluate the possibility of relapse or diversion.

SUPERVISED ADMINISTRATION: Patients with a substantial history of illicit substance use should generally only be administered treatment under supervision in a controlled medical setting with careful consideration given to dosing protocols. Dosage and frequency adjustments should be based on thorough assessment of symptoms tracked and identified goals performed in follow-up sessions before each administration. Keeping



treatments to no more than once per week in the maintenance phase may help reduce the likelihood of misuse, abuse or diversion.

PATIENT EDUCATION: A thorough consultative process that includes patient education and informed consent is imperative. Patients should be fully informed about the potential risks of ketamine, including potential for craving and abuse. The importance of following a comprehensive treatment plan that supports recovery should be emphasized; in other words, patients must understand that ketamine therapy is part of a larger process rather than a cure or magic bullet. Patients should be asked and expected to participate in a broad recovery plan, and they must be aware of the importance of following the prescribed regimen. Treatment alternatives should be clarified and expectations about the frequency of treatments should also be discussed before initiation. Specifically, for patients at a higher risk of abuse, other evidence-based mental health treatments should be discussed and explored in depth of consideration in lieu of, or in conjunction with, ketamine treatment.

TEAM ENGAGEMENT: A multidisciplinary treatment team that includes a psychotherapist and/or a mental health provider, along with the patient's family members and other medical providers, is invaluable in treating complex patients, such as those with remote or active substance use. Coordination between the treatment team providers should occur with the frequency necessary to address developing issues in any given case. Engagement of the patient family can also help to mitigate risks associated with treatment and provide an opportunity to intervene quickly if issues arise.

MONITORING: Chart elements should clearly document the goals of treatment, response, side effects and adverse events, and rationale for deviation from community standards. The treatment team's rationale for deviation from community dosing standards, protocols, ethics and best practice guidelines should be clearly documented within any ongoing treatment plan.