

# FROM THE HORSE'S MOUTH

The first event of its kind in Britain, *K-Day* brought together users, drug workers and health experts to talk about ketamine – a drug sidelined by treatment services despite causing rising concerns. **Andy McNicoll** and **Dr Celia Morgan** on a day that could shape future treatment for ketamine



People seeking help for health problems linked to ketamine are often failed by mainstream drug treatment and health services. That was the message from *K-Day*, an event held in central London in November which brought together around 100 ketamine users, drug workers, academics, GPs and urologists to share their experiences.

According to the British Crime Survey, ketamine use among 16 to 24 year olds doubled between 2007 and 2009 and evidence is growing on the Class C drug's harms, including the risk of serious bladder and kidney damage.

Addiction can develop quickly and many users report significant withdrawal symptoms. Researchers from University College London have also found that frequent use of the drug is linked to memory problems.

One *K-Day* delegate spoke of a friend whose regular ketamine use led to him needing a catheter at the age of 21. Delegates also said the drug's dissociative nature means some users regularly up in A&E after injuring themselves.

Yet discussions at *K-Day* suggest many ketamine users are struggling to get help and professionals often feel limited in the support they can offer. Some drug workers spoke of financial constraints, particularly with NTA funding heavily linked to targets for

treating heroin and crack users. Users and professionals agreed on the need to improve awareness of ketamine's harms among GPs, secondary care and drug services.

Professor Val Curran of University College London, one of *K-Day*'s organisers, says that progress is being made in some areas of the country. She points to Bristol as an example, where joint working between drug services and the Primary Care Trust has helped inform GPs, drug workers and urologists of issues associated with ketamine use.

"But in other places, there seems to be little help," says Curran. "For example, people from London NHS drug services told us they are not paid for treating ketamine users because they are not part of their 'targets'."

Curran and colleague Dr Celia Morgan have been researching ketamine for ten years. The duo set up *K-Day* after users expressed concerns over inadequate support.

"Many K users were telling us they needed help but weren't getting it," Curran says. "*K-Day* was, first and foremost, a way of listening to what they wanted, but it also helped us put them in touch with people who might be able to help them".

■ **Andy McNicoll**, DrugScope press and communications officer



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The aims of K-Day were to inform, and be informed by, users and professionals of some of the harms of ketamine and try and counter the ignorance in the NHS and drug services around this drug. It was hoped that the day would span the expert-user divide in drug services by urging professionals to turn to drug users as the experts and adopt a less didactic model of engagement. Hence, every participant was asked to use the day both to give and receive information around these issues.

One very tangible objective of the project was to lay the foundations for NHS service provision for ketamine users. Currently, there is no service provision within the NHS for treatment of ketamine addiction.

We have observed, over ten years of research, that many users do become dependent upon the drug. Yet NHS drug treatment services still do not acknowledge this. A further aim, through engaging with various drug user groups, drug charities and the media, was to publicise the problems associated with ketamine use to young, potential users of this drug. By co-ordinating professionals from the range of fields, we hoped to have a model for harm reduction and treatment of ketamine use that can be applied across the country.

Rather than seeing the day as a one-off, the aim was for it to become the start of a wider program of public engagement around this drug, a 'ripple effect' of knowledge transmission through drug user groups and addiction and health professionals.

The interest in K-Day was startling, particularly amongst drug workers. As ketamine use is very prevalent in the south west and we had engaged professionals from this region and hired a coach to bring up ketamine users from this area. People came from across the UK, as far as Scotland, Newcastle, Nottingham to attend: there was clearly a need for this event.

Although the age of most ketamine users who came along was 18-25, there were attendees with ketamine problems as young as 14. The day centred around activities, stalls and workshops run in a 'village fete' format. Stalls manned by professionals, users and scientists gave out practical tips on dealing with ketamine use. During the day, the latest scientific and medical findings were discussed and users' opinions were gathered on where we should be going next with ketamine research and treatment.

A plenary meeting was held at the

end of the day between key professionals and user representatives to lay out a plan of action for achieving the long term goals of the project and to reflect back upon the day. The feedback we got was positive – people felt they had learnt from the experience. Focus groups were recorded, with consent from participants, and this data was analysed using content analysis to look for themes around certain issues. The bulk of this data is being prepared for dissemination to our ketamine working group that has arisen as a consequence of K-day, and for publication both in an academic journal and through user groups on the web.

One theme that emerged from the focus groups was that many commented that nobody had ever bothered to ask them their opinion about ketamine before, or about their experiences. In analysis of the focus groups, professionals also expressed their ignorance and reported leaving feeling much more equipped to speak about the issues associated with ketamine.

As a result of the day, increasing numbers of collaborations, events, movements and treatment initiatives are occurring. These include a Facebook group, set up to continue to disseminate and collect information around ketamine. We are preparing a website, due for launch in February, to be hosted on our UCL page to further disseminate information about ketamine.

The aim of provoking NHS service provision for ketamine users has not been fulfilled, although admittedly this was, in hindsight, highly ambitious. This outcome was particularly hindered by the absence on the day, despite their assurances they were coming, of representatives from the NTA. Their attendance was key to setting in motion a process that would culminate in money being allocated to treatment of ketamine dependence, allowing NHS drug services to take on ketamine users for ketamine problems alone.

We had also invited commissioners from two nearby NHS trusts, Camden and Islington, to engage these individuals over this issue, however eventually they were unable to attend. Nevertheless, we have resolved to put together a case to present to the NTA, using data collected on the day from users and professionals, along with our existing scientific data and medical case reports, justifying why such provision is desperately needed.

■ **Dr Celia Morgan**, clinical psychologist at University College London