

K.O.

The number of young people using ketamine has doubled in four years. But for one Sussex girl who started taking the drug with her friends in the local park at 16, it ended with a near fatal addiction.

Joe Lepper reports

Emily, now 21, first took ketamine when she was 16. Within five years, weighing just 33 kilos and with barely functioning kidneys and bladder, she was admitted to hospital. There, doctors gave her family the devastating news that her condition was life-threatening. "The worst part was my family watching this happen," says Emily. "They put a catheter in and it caused me more pain than I have ever experienced. I couldn't move for nearly two weeks." After a month in hospital, mostly on a urology ward surrounded by elderly patients, Emily had regained enough weight to be discharged and her kidneys and bladder began functioning better. But doctors have told Emily there could be long-term damage to her bladder, as well as her heart, which was weakened by malnutrition. Her heavy ketamine use suppressed her appetite.

In 2009 an investigation by Druglink charted a worrying rise in ketamine use among young people such as Emily – despite the fact it was made an illegal Class C drug in 2006. It found many long term users had serious health problems, usually connected to the bladder. Drug experts interviewed at the time predicted that its widening availability, fast dependency and the lack of information about the health risks of ketamine would cause a further rise in use among young people. Two years on and these fears have been realised. The 2011 British Crime Survey found use among 16-24-year-olds had doubled in four years – from 0.8 per cent in 2006/2007 to 2.1 per cent in 2010/2011.

Emily, an Indie music fan whose dress code is a hat, long hair and baggy

clothes, says ketamine was easy and cheap to get hold of while she was studying for her A Levels in the Sussex town where she lives with her mother. She says it was the drug of choice among her peers and that she knew of 14 year olds who regularly took it.

Druglink's 2009 investigation revealed the average price of a gram of ketamine fell from £30 to £20 between 2005 and 2008. Emily says when she last bought the drug in the summer, a gram cost just £10, with 12 grams costing £90. Her father John, who took her to the hospital after becoming concerned about her weight loss, says: "If someone was to design a perfect drug for a teenager who is depressed and doesn't have much money, this would be it." The drug, which was created in 1964 as an anaesthetic and is still commonly used in veterinary medicine, also has a hallucinogenic quality. Physician John Lilly, who repeatedly took it in the 1970s, described the experience of using the drug as like being "a peeping Tom at the keyhole of eternity." This sense of detachment was another attraction for Emily, who has been jobless since leaving sixth form at 18.

Emily first started taking ketamine at night in her local park and later at parties. Her father explains: "She went to the park at night when she was 16 and there'd be a group of kids laughing and drinking, another lot taking dope and another on ketamine like zombies. She looked at them zombies and realised they were most like her."

Emily says: "I was quite depressed trying to get through college. It takes your mind to a different world so you

forget the bad stuff. But in the end, ketamine becomes the bad stuff."

A report on ketamine by the Independent Scientific Committee on Drugs (ISCD) released in July found the bladder damage that Emily is experiencing is common among long term, regular users. Caused by ketamine-related ulcerative cystitis, otherwise known as 'K-bladder', it can require reconstructive bladder surgery in extreme cases. Short and long-term memory loss is another side effect of prolonged, regular use. Users are also at risk of accidents, such as falls and knocks, because of the disassociative nature of the drug. The ISCD report reveals that among a group of 90 ketamine users 12 per cent were involved in an accident as a result of taking the drug and 83 per cent knew someone who had been. There were 22 deaths in 2008 for which ketamine was mentioned in post mortem toxicology reports. Like with most drugs, users who are unhappy or depressed, are vulnerable to problematic use. The inquest in July into the death of 18-year-old Adam Gary Sephton, who was found hanging at a football field near his home in Barnsley, heard how he bought £900 worth of the drug the week before his death. The inquest heard that he had been taking ketamine for around two years and had been upset during that time about twice failing to land a job at the company where his father worked. His friend, Keiron Baker, told the inquest that Sephton had feared he would never find work.

Dr Celia Morgan, a lecturer in educational psychology at University

Come down: Emily, now 21, spent a month in hospital while her condition was life-threatening

College London, co-authored the ISCD report. She says: "While they may think they get an anti-depressant effect, the body is quick to adapt to ketamine. This is what can create a dependency – they take more and more as their body builds up a greater tolerance." Ketamine's anaesthetic qualities also make it tough for users to give up, says Dr Morgan. During withdrawal, they experience "extremely painful" cramps. Users turn back to ketamine to stop the pain, creating a perverse cycle of continued use. Lack of awareness about the damage it causes to the brain and bladder is also a factor in its growing popularity, says Morgan. She wants to see more promotion of its harm, perhaps even a national health campaign, adding "if people are aware that you may have to have a colostomy bag, bladder surgery or infertility problems after heavy use of the drug, then that could make a difference." She also calls for more coordinated support for users, urging drug workers to ensure they have strong links with urologists and other health professionals. The drug has long associations with the free party and dance music scenes in the Bristol and Bath areas of England. Consequently, the Bristol Drugs Project (BDP) works closely with local urologists, GPs and accident and emergency staff.

BDP chief executive Maggie Telfer explains ketamine has been used in the city for around a decade and long-term users with urinary tract problems began emerging three years ago. Telfer says: "Building relationships with urologists has helped us explain to users what is happening to their body. We can also help urologists who often deal with a far older patient group, in dealing with younger people."

Val Curran, professor of psychopharmacology at University College London, who co-authored the ISCD report with Dr Morgan, says the support given to ketamine users in the Bristol area is rare in England. "Users outside of Bristol tell us they can't get help as ketamine is not a priority," she says.

But she is optimistic more areas will follow BDP's lead. In the summer of 2010, UCL held a 'K Day' workshop



"I WAS QUITE DEPRESSED TRYING TO GET THROUGH COLLEGE. IT TAKES YOUR MIND TO A DIFFERENT WORLD SO YOU FORGET THE BAD STUFF. BUT IN THE END, KETAMINE BECOMES THE BAD STUFF"

to build understanding among health professionals and users of ketamine. And last month, Chelsea and Westminster hospital opened its Club Drug Clinic, to support users of drugs such as ketamine, mephedrone and GHB.

Promotion by BDP among GPs focuses on encouraging them to ask those repeat cystitis patients about ketamine use. Accident and emergency staff pass on a card with BDP's contact details to those who present themselves with ketamine related injuries or symptoms. Consultants also signpost the support BDP offers to users with cystitis. BDP is also working with the Bristol Urological Institute to develop a pain management regime to help users deal with their ketamine related ulcerative cystitis.

BDP's experience means it is able to track the latest trends in ketamine use. They are seeing a small minority of users injecting the drug, in its liquid form. This gives users a quicker, more intense hit.

A recent price rise in Bristol has also

been noted. During September the price per gram doubled to £20 – a hike likely to have been sparked by a drug law change in India, where the bulk of the UK's ketamine supply comes from. Earlier this year ketamine was included in India's Narcotic Drugs and Psychotropic Substances Act. Those caught smuggling the drug no longer get bail and first time offenders get a minimum of 10 years. Despite emerging evidence of its harm to users, Telfer is against raising its classification. "When you consider that it causes far more harm to people's health than many other drugs a higher classification would seem logical, but there is no evidence that it would actually reduce its use." Meanwhile back in Sussex, Emily believes a classification on a par with heroin would help raise awareness of the harm it causes. She says: "Politicians are idiots to let a drug as harmful as ketamine to remain Class C. It shows how little they know what is happening on our streets." She is adamant she will not take ketamine again and now awaits firm news from her local urology team about the possible long-term damage the drug has caused to her bladder and kidney. Emily, who her father describes as "very caring", adds: "The worst thing was knowing that other people can end up like this and could die if they don't seek help. It hurts me that this is happening to my friends as well." *Some names have been changed to protect people's identities.*

■ **Joe Lepper** is a freelance journalist