

## UCL Public Engagement Beacon Bursary: Project Evaluation & Learning Form

The project evaluation and learning form aims to provide a simple way to document what the project has done and achieved. Projects are asked to reflect on their experience, explain any problems they had, summarise what they have learned, and lessons they would pass on to other projects or can be applied elsewhere. Although a template is provided, the nature and scope of the form will depend on the project undertaken.

Projects should submit a complete project evaluation and learning form no later than **one month** after the project end date.

The form will be reviewed by the UCL Public Engagement Unit and summarised to the Steering Group. As we are keen to share experiences of public engagement, completed sections of the form (with approval from the author) will be used to develop UCL public engagement case studies which will be published on the UCL website.

### Background:

<b>Name</b>	Celia Morgan
<b>Job Title/Course</b>	Post-Doctoral Research Fellow
<b>Organisation/Department</b>	Research Department of Clinical Health and Educational Psychology
<b>Project name</b>	K-Day: Provoking ketamine policy change through dialogue between users and professionals
<b>Total project value (£)</b>	2250
<b>Beacon funding (£)</b>	1500
<b>Funding breakdown</b> <i>Please note the the project actual spend, broken down into specific costs</i>	Printing Costs (brochures, posters, flyers, bags) - £589.89 Donation for acupuncturists - £45 Donation for mindfulness relapse prevention training - £150 Hall Hire £480.00 Travel costs for visiting professionals : £90.72  Other costs funded by Drug Action Teams and Hit: Bus Hire from Bath and Bristol: £550 Other travel for experts: £250
<b>Location</b>	Dragon Hall, WC1
<b>Start and end dates</b>	Planning meeting 1 <sup>st</sup> October, 6 <sup>th</sup> November: Event day 19 <sup>th</sup> November
<b>Project partners</b> <i>(Please list the partners involved in the project, include names, organisations and contact details where appropriate).</i>	Gold Standard Team- Matt Southwell Respect Drug User Group- Hazel West Bristol Drugs Project- Rachel Ayres and Pete Weinstock Bristol University Urology- Angela Cotrell UCLH – Brigitta Bradner, consultant anaesthetist and others from her pain team and Dan Wood consultant urologist [NHS National Treatment Agency for Substance Misuse - Colin Bradbury & Dima Hussein ] Royal College of General Practitioners special interest

	<p>group on addiction – Dr. Chris Ford  Home Office Advisory Committee on the Misuse of  Drugs / Talk to Frank campaign – Ali Mohammed, Janet  Searle  Drugscope – Max Daly  Release (Legal Advice for Drug Users) – Niamh  Eastwood  NHS Addiction Services: Psychiatrists and  Psychologists from Islington, Camden, Birmingham,  Exeter NHS trusts who currently work with drug users  Social Services, Radstock Youth Project – Jayne Lewis</p>
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**Summary of project / activity: What happened?**

The planning for K-Day began in July 2009, when we began to contact relevant professionals to ask if they would be interested in participating in the event. Once beacon bursary funding was secured a user representative group of ketamine users was assembled and an initial planning meeting was convened of the Bristol Drugs Project – the only drug action team in the country to have developed a ketamine service – and Matthew Southwell, a harm reduction professional, along with a consultant urologist. We applied for funding from HIT, a company that works closely with drug services to provide social marketing campaigns and communications that stimulate social change and improve public health, and a drug action team. We advertised using flyers and through websites, cascading information out through drug user networks and by a facebook page and our own website. The interest in the project was startling, particularly amongst drug workers, however we tried to keep the numbers of professionals attending down to 50 by getting people to register, as our main audience was the ketamine users themselves. Drug workers came from across the UK, as far as Scotland, Newcastle, Nottingham to attend. This indicated a clear need for this sort of event, and training around ketamine. As ketamine use is very prevalent in the south west and we had engaged professionals from this region, we hired a coach to bring up ketamine users from this area. We allowed 80 people to sign up for the coach (as we anticipated some drop out) and on the day 45 were present at pick-up points in Bath and Bristol at 9am, which was relatively remarkable success for in engaging this group of users. Although the age was predominantly 18-25, there were attendees with ketamine problems as young as 14. 107 ketamine users came independently to the afternoon event from our advertising in London, as well as some parents and friends of ketamine users.

The actual event was centred around activities, stalls and workshops run in a ‘village fete’ format. The event was informal in set up, and many attendees commented that it did not seem like a science / health event, we had background music and a relaxation area where people could chat on sofas and with a film showing in a corner. Stalls - manned by professionals, users and scientists- gave users practical tips on dealing with their ketamine use, and discussed with them current scientific and medical findings as well as asking their opinion on various research projects, what the problems associated with ketamine are and where we should be going next with ketamine research and treatment. The stalls were “Ketamine and your Brain”, “Ketamine Cystitis”, “Pain and K-Cramps”, “Release, Drug Use and Law (Free Legal Advice)”, “Nutrition”, “Detox”, “Psychology and Psychiatry in Drug Services”, “Respect Drug Users Group” “Acupuncture”, which

was administered by a group of qualified ex-drug users, “Bristol Drugs Project” and “Take Part in Further Research”. There was also a “Kreativity Korner”, using art and music therapy to get users to creatively describe their ketamine experiences. In a separate room a representative from Breathing Space, mindfulness therapy ran mindfulness based relapse prevention sessions. Two additional rooms ran focus groups with users and professionals discussing various issues around ketamine use throughout the day. Each attendee was given a bag at the beginning containing various informational leaflets we prepared for the day and further contact details as well as details of current research projects.

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.

**Who was the audience for this project? *Please give details.***

The main audience was ketamine users and addicts, typically aged 18-30. A subsequent audience was new and potential ketamine users. The other audience was professionals and policy makers working in the addiction field.

**What was the project supposed to accomplish? *Please outline the aims and objectives agreed at the start of project, note if they changed during the project and the process and reasons for making those changes.***

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 be 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, as have other professionals, and 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 involvement, 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 country-wide. After seeing the complexities in what is involved in achieving these aims, one change in my thinking, was that rather than seeing the day as a one-off, was to see it instead as 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.

**Did the project succeed in its aims? How do you know? *Specifically, please outline any evaluation and assessment undertaken.***

The aim of spanning the expert user divide by both gathering and disseminating information from experts and user attendees was evaluated during the day. Informally, users and professionals were asked for feedback simply by filling in speech bubbles on posters around the room titled "What did you think of K-Day?". Generally positive feedback was gathered, people felt they had learnt from the experience. Feedback on the day was also collected from focus groups with users and drug service professionals. 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 the 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 relevant to the success of the project from the users' perspective was that they said they had particularly enjoyed the day as it made them feel valued, and 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. One member of the Advisory Council on the Misuse of Drugs in fact commented they did not know that ketamine could result in dependence before attending the day. The model of user and professionals as 'equals' in discussion groups was a quite difficult one to apply, many professionals felt that they should be sharing information with the users and 'teaching' them, but we used experienced facilitators who were quite adept at restating the aims of the groups. We also evaluated how much people had learnt from the day with a "Test your Knowledge" before and after quiz. People completed the quiz and then were directed to stalls where they could receive the answers and further information about each question. This also served as a form of signposting on the day. They then completed the quiz again before leaving. An average 50% improvement on the quiz was recorded before and after, in both users and professionals (professionals generally performed more poorly than users on the before quiz). *The aim of sharing and disseminating information between professionals and users on the day would thus seem to have been achieved, assessed both qualitatively and with crude quantitative measures.*

*The aim of cascading awareness of ketamine out to other networks, including young users, has been achieved and outcomes are still emerging.* As a result of the day, increasing numbers of collaborations, events, movements and treatment initiatives are occurring. These include an experimental ketamine detox service being trialled in Devon, using the professional and user reports from the day as well as the collaboration facilitated between the professionals we gathered together. A UK ketamine-urology research group has been set up at UCLH. The UCLH pain consultants who attended on the day knew nothing of ketamine use, but subsequently are preparing to conduct some work examining k-cramps, a severe gastrointestinal pain associated with ketamine abuse / withdrawal. Our group are preparing a paper for the BMJ detailing a ketamine withdrawal syndrome. One of our key aims was a ketamine harm reduction briefing to be circulated on the day, this was prepared prior to the day by Matt Southwell and the Gold Standard Team with input from UCL researches, this was circulated at K-day and subsequently. The network of professionals assembled on the day was

crucial to the success of this document. This will now be disseminated through the Royal College of GPs, the Royal College of Psychiatrists, the Royal College of Nursing and the British Psychological Society. The data collected from the focus groups is being prepared into paper that concerns issues around ketamine use from a multi-disciplinary perspective for dissemination in primary care and addiction services. I have been invited to present at the International Harm Reduction conference in March, reporting K-Day as a novel model of user / professional engagement around drugs.

A special ketamine issue in the magazine "Drink and Drugs News" – a free publication circulated to all addiction workers in the UK, with a large readership - has been commissioned where the professionals and the user representative group who were present at K-Day will each write an article on the issues around ketamine use from their different professional perspectives. From the user perspective, a facebook group has been set up to continue to disseminate and collect information around ketamine and continue discussion about the drug. We are preparing a website to be hosted on our UCL page to further disseminate to users and professionals information about ketamine, they were provided with this address at the day and told the website would be up and running in Feb 2010. Media coverage of ketamine by different sources including the BBC, Observer and the Metro newspapers around the event has hopefully highlighted some of the issues around ketamine that have been hitherto overlooked. Druglink, the magazine of the charity Drugscope, have written an article about the event, particularly highlighting the absence of NHS funding for ketamine treatment. So it seems the wheels are in motion for a change in thinking about ketamine, amongst users and professionals across the UK.

*The aim to provoke policy change around ketamine has been partially achieved.* The Home Office are, as a result of K-Day, reconsidering the classification of ketamine under the Misuse of Drugs Act, and reviewing whether to increase the penalties associated with possession and trafficking of the drug, by upgrading the drug from Class C to Class A. This may send a message to potential users and may provoke further media coverage of the addictive potential of the drug, along with the physical harms associated with its use. However, the second policy 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 National Treatment Agency for Substance Misuse. 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 however, the planning meeting involved representatives from the Royal College of GPs, Urologists, Nursing and Psychiatrists along with other influential drug workers. Together we have resolved to put together a case to present to the National Treatment Agency, 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.

As there was more demand for ketamine day than we were able to supply, it was suggested during the planning meeting that a follow-up event will be held in 2010,

hopefully at UCL, with two days, one centring around professional training and one for drug users again, in a similar format to the K-day this year.

**What things do you think worked well and why?** *When filling in this section, please try to think about all aspects of the project (e.g. initial inception, project activities and project outcomes), from a range of perspectives.*

From the inception of the project, gathering the professionals within the field worked well. Having such a large team of partners meant a truly multi-disciplinary approach that many commented was unique and important to the success of the day. The user involvement in the planning was helpful too, deciding which issues should be discussed, what was the best way to present information and how best to advertise. Using alternative technologies, such as user forums and social networking sites to advertise was helpful, as even those who were unable to attend were able to discuss issues about ketamine and express their opinions.

The format of the day worked well, having stalls with professionals at where users could sit and chat, rather than a series of talks, people were free to gather as much information as they wanted and talk about the issues that they were most interested in. The focus groups were also very useful and oversubscribed with more people wanting to participate than we could accommodate. The alternative therapies were also very popular, acupuncture and mindfulness meditation and gave the day a holistic feel. Having a team of people also helped with running of the day, so that some of the responsibilities were able to be delegated.

In terms of outcomes and inception, the idea of producing a briefing document on harm reduction advice for ketamine users worked well as there was a concrete aim for all participants to work towards. Involving the number of professionals with different perspectives that we did, meant that there were many outputs of the project that were unforeseen but still moving towards the overall aim. In terms of evaluation, the focus groups and the quiz were good concrete ways of assessing whether we had achieved some of our aims.

**What problems emerged during the project and how were they tackled?**

*Specifically, what barriers did you face and how did you overcome them? Again, please try to think about all aspects of the project, from a range of perspectives.*

One key barrier was funding, due to the hall we were to host the event at being unable to accommodate us and UCL not being able to host an event such as this, we had to pay more money for hall hire which meant being more creative with the funds we had, for instance calling in charitable donations for food and refreshments, asking for most professional input to be free. Running the project alone became quite difficult and whilst I continued to co-ordinate it, I learnt to delegate responsibility to some of the partners involved, with varying degrees of success.

Another problem was engaging this population of ketamine users, which are notoriously difficult to attract and were initially suspicious of people trying to help them. However, I capitalised on the relationship I have built with this group through my ten years of research of this population, and also brought in drug user groups who are more trusted to promote the event.

**On the day itself, co-ordinating the focus groups and running the stalls and directing all the professionals and users to their various activities became quite taxing. I had however enlisted the help of some of our PhD students and researchers and tasked them with different aspects of the running of the day. I had hoped to be involved in most aspects of the day but realised this was not possible, and instead took on a managerial role in the event, ran one focus group, spoke to users about our research, networked with the professionals and chaired the plenary session at the end of the day.**

**In terms of aims and outcomes, as I alluded to above, the aim of provoking policy change in the NHS was - in hindsight – highly ambitious. I am not sure I had foreseen, when I applied for funding, that this process will be a continuing one and will continue to need my input in keeping momentum for this eventual aim. However, this is an exciting field to be involved in, and one that differs greatly from my research career, and thanks to the bursary fund which acted as a catalyst in this process, and the hard work of all the professionals I still remain optimistic that this aim will eventually be achieved.**

**Looking back, what things do you wish you had known when the project started?**

*Please list anything you feel would have been helpful to know at the start which could have made the project easier.*

**I think I would have benefited from some project management / events organising training. Whilst I manage the grant I work on, and have some experience organising other events, the sheer scale of the project and number of different professionals involved meant I felt quite overwhelmed particularly close to the event.**

**On a more trivial note, I wish I had known more about different printing procedures, such that I didn't have to spend all night folding leaflets! However, the UCL public engagement team were particularly helpful in pointing me to relevant people to help with various issues.**

**I wish I had known the degree of continuing work this project would take, rather than overly ambitiously hoping the day alone would be enough to achieve my aims. However, as mentioned above, this continues to be an interesting process and one I am very excited by.**

**Has the project led to any new activity or relationships? For example has the project led to any changes within the department or any changes in teaching or research?**

*Please give details.*

**[As this was also relevant to our aims most of this section repeats from above ]**

**As a result of the day, increasing numbers of collaborations, events, movements and treatment initiatives are occurring. These include an experimental ketamine detox service being trialled in Devon, using the professional and user reports from the day as well as the collaboration facilitated between the professionals we**

gathered together. A UK ketamine-urology research group has been set up at UCLH. The UCLH pain consultants who attended on the day knew nothing of ketamine use, but subsequently are preparing to conduct some work examining k-cramps, a severe gastrointestinal pain associated with ketamine abuse / withdrawal. Our group are preparing a paper for the BMJ detailing a ketamine withdrawal syndrome. One of our key aims was a ketamine harm reduction briefing to be circulated on the day, this was prepared prior to the day by Matt Southwell and the Gold Standard Team with input from UCL researches, this was circulated at K-day and subsequently. The network of professionals assembled on the day was crucial to the success of this document. This will now be disseminated through the Royal College of GPs, the Royal College of Psychiatrists, the Royal College of Nursing and the British Psychological Society. The data collected from the focus groups is being prepared into paper that concerns issues around ketamine use from a multi-disciplinary perspective for dissemination in primary care and addiction services. I have been invited to present at the International Harm Reduction conference in March, reporting K-Day as a novel model of user / professional engagement around drugs.

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In my department, the event has led to increasing awareness about public engagement as a useful tool and other staff have asked me about how the beacon bursary process works, with the aim of applying for their own awards.

**Which of the Beacon aim(s) did it address?** *The aims for the Beacon for Public Engagement Programme are as follows:*

Create a <b>culture</b> within HEIs and research institutes and centres where public engagement is <b>formalised</b> and <b>embedded</b> as a valued and recognised activity for staff at all levels and for students	
Build <b>capacity</b> for public engagement within institutions and encourage staff at all levels, postgraduate students, and undergraduates where appropriate, to become involved	
Ensure HEIs address public engagement within their <b>strategic plans</b> and that this is cascaded to departmental level	
Create <b>networks</b> within and across institutions, and with external partners, to share good practice, celebrate their work and ensure that those involved in public engagement feel supported and able to draw on shared expertise	X

Enable HEIs to test <b>different methods</b> of supporting public engagement and to share learning	X
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**Specifically, how does the project addresses these aims?**

**We have set up a new multidisciplinary network within UCL, UCLH and beyond, uniting people who are working on a similar topic from different perspectives and hopefully through this new 'joined up' approach we will achieve much more in this field. The model of public engagement used here is a relatively novel one, particularly in drug services, and hopefully this project will help in the evaluation of different methods of public engagement.**

**More information:** *Please attach photographs of what happened, if you have one. Please also list any titles or links to more information on the project (for example reports, articles, websites).*

This was the website we advertised - we are updating it to a new UCL webpage as disseminated above.

<http://web.me.com/j.leitz/KDAY/KDAY.html>

**Some media outputs**

<http://news.bbc.co.uk/1/hi/health/8362575.stm>

<http://www.metro.co.uk/news/770749-ketamine-destroys-your-brain-power>

<http://www.guardian.co.uk/society/2009/nov/22/teenagers-ketamine-health-risk>

- this originally detailed information about K-day itself, and all the information was gathered by the journalist at the event

**Other media articles are upcoming and reports are in preparation.**

**I have also included the posters for the event.**