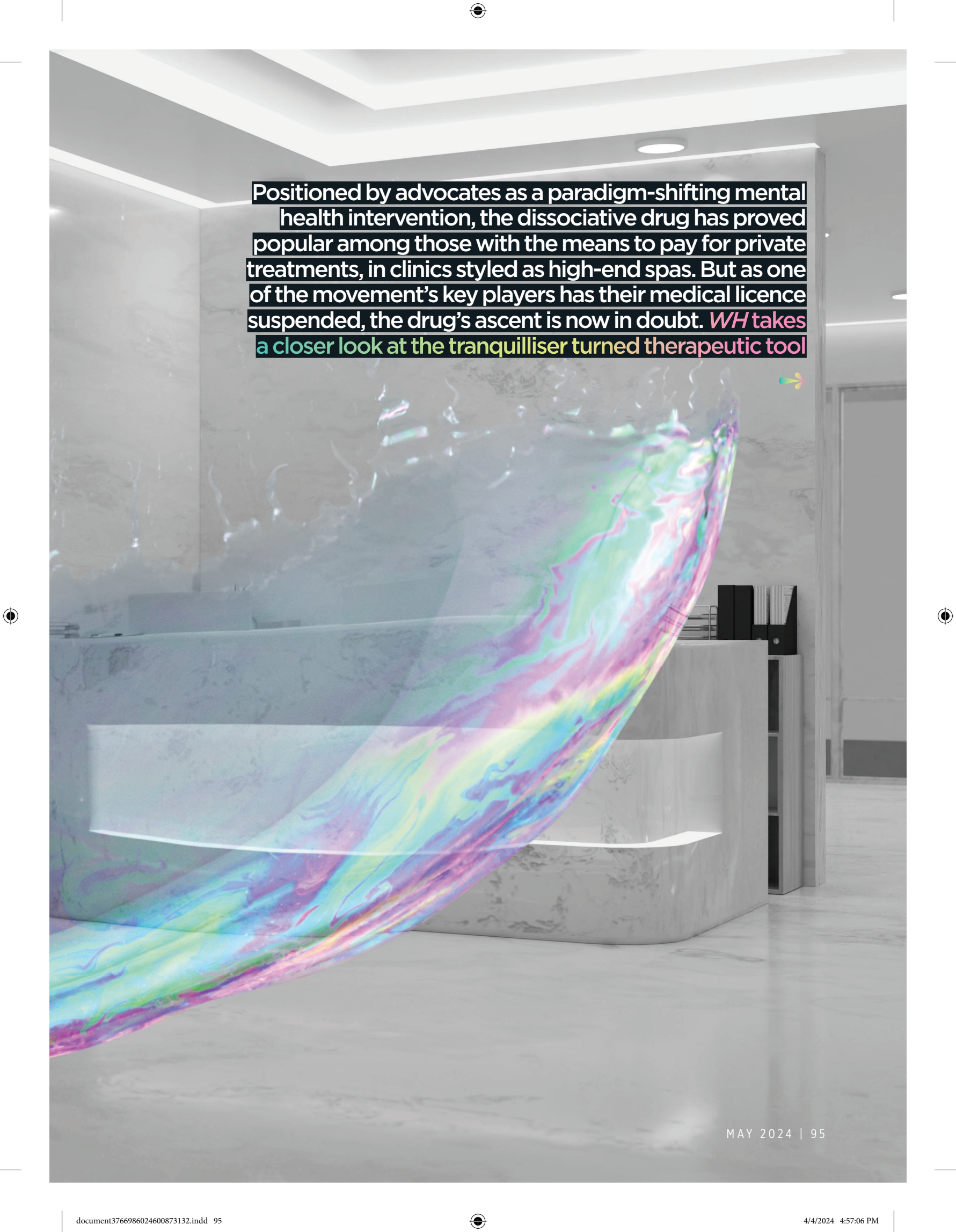




How the ketamine wellness bubble burst

WORDS: CLAUDIA CANAVAN



Positioned by advocates as a paradigm-shifting mental health intervention, the dissociative drug has proved popular among those with the means to pay for private treatments, in clinics styled as high-end spas. But as one of the movement's key players has their medical licence suspended, the drug's ascent is now in doubt. *WH* takes a closer look at the tranquilliser turned therapeutic tool



A bad trip?



It was the year before her 60th birthday when the anxiety and depression that had coloured Maria's* adult life became more vivid. The rumination felt clawing – and rotating her past and her future over and over on the turntable of her mind began to keep her from sleep. Her usual coping mechanisms helped; medication, walking, self-talk. But the 59-year-old dreamed of a life without this pervasive blend of danger and numbness. It was a flattering piece in a newspaper about a breakthrough mental health treatment that led her to Awakn – a newly launched clinic in Bristol, not far from her West Country home.

She watched a TEDx Talk featuring one of the centre's founders, Ben Sessa, a leading psychiatrist in the psychedelic space, rhapsodising about psychedelic therapy, the novel modality on offer. Via quotes in articles from other leaders in the sphere, she absorbed metaphors about how the treatment would bring down 'fresh snow' on her brain, cleansing faulty neural pathways, replacing these with cleaner ways of thinking. She read books, too, including *How To Change Your Mind* – the wildly popular title by the nature writer Michael Pollan that's credited with helping to bring psychedelic drugs as therapeutic tools into the mainstream. Between the proximity and the promise, it felt like fate that she would venture into this brave new world. In May 2022, she went for an assessment at Awakn; by July, she began treatment, which she started with a clear aim in mind: to be rid of her anxiety and never need psychiatric medication again. 'I thought I'd be cured,' she tells *WH*. She wasn't.

Dissociation station

A dissociative anaesthetic, ketamine was synthesised in the 60s and put to use by the US as a combat medicine in the Vietnam war. Later, it would become a popular animal tranquilliser. Like many medical drugs, it also seeped into the underground scene, with users enjoying its ability to melt the mental maps we so often live by. Such enjoyment comes with a caveat, of course: too much can lead users into a 'K-hole', in which you might feel detached from your body while experiencing hallucinations. But it was research into ketamine's potential as a way to ease treatment-resistant depression in the 2000s that led to the substance being talked about in a therapeutic context. Subsequent research has examined the drug as a potential treatment for PTSD, addiction and eating disorders.

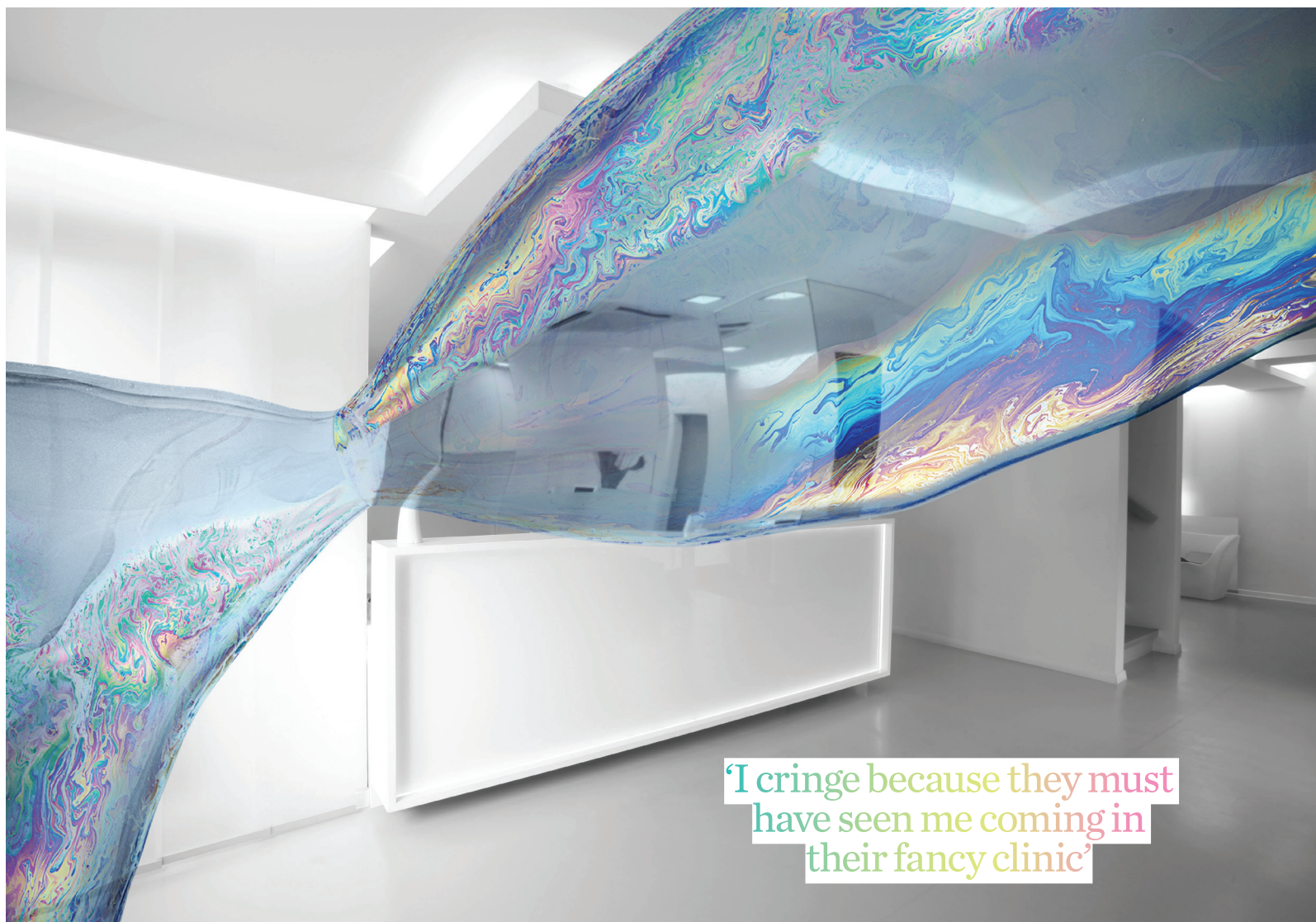
How ketamine works on the brain isn't an easy question to answer, even among those studying it. Mitul Mehta is a psychopharmacologist and neuroscience professor at King's College London. He's involved in studies investigating ketamine as a possible therapy for anorexia nervosa (depression, the issue that the bulk of ketamine treatment seeks to remedy, is commonly seen in those suffering with the illness). When *WH* asked Professor Mehta to break down the drug's effects on your brain as you trip, he warned that the research is still in its very early stages, while the specific regions involved in ketamine's antidepressant effects is information we're just starting to learn.

What's clear, though, is that an effect is exerted on multiple centres in your brain, including the glutamate system, where it increases the amount of information shared between neurons. Crucially, adds Rupert McShane – an associate professor at the University of Oxford, who leads the Oxford Health NHS Foundation Trust's ketamine clinic – the compound results in the release of brain-derived neurotrophic factor (BDNF). Like a fertiliser for your brain, BDNF increases the number of synapses present in the organ – the process that underpins neuroplasticity, your brain's ability to change and adapt. In theory, such plasticity can give rise to fresh perspectives, helping people to break out of the negative mental patterns that characterise chronic conditions such as depression.

Weird wellness

In recent years, though, ketamine has broken out of the lab and into the wellness sphere; part of a broader movement examining mind-altering substances for therapeutic benefit that's often referred to as the 'psychedelic renaissance'. Take MDMA, which studies are investigating for PTSD, or psilocybin – the active ingredient in magic mushrooms – which is being studied for end-of-life anxiety in those with life-limiting illnesses. Though ketamine isn't a 'classical' psychedelic, like LSD or magic mushrooms, some consider it in the same category, while its therapeutic use is often understood as a form of psychedelic therapy. What sets ketamine apart from these other drugs, though, is that it's already in circulation.

Psilocybin is a schedule one drug, meaning it's listed under the Misuse of Drugs Act as having 'no currently accepted medical use'. As such, research is difficult and expensive, and the compound can't be prescribed. But given its use as an anaesthetic, ketamine is a legal medicine – and while it doesn't have a licence for mental health conditions, it can be prescribed 'off-label' (when a prescriber is convinced by the available evidence that a drug endorsed for one condition will be safe and effective for another). All of which means ketamine can be offered as a treatment in a way that the likes of LSD and psilocybin can't. Some providers offer ketamine alongside therapy sessions – known as 'ketamine-assisted therapy' – in which issues that arise on the trip are examined in granular detail. In this way, say providers, ketamine acts not just as a short-term antidepressant – which is what existing research



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shows it can be helpful for – but to break down long-term issues and bring about lasting psychological change.

That doesn't mean it's easy to access, however. Those seeking ketamine therapy typically need to go private. Given ketamine isn't licensed for mental health conditions by the Medicines and Healthcare products Regulatory Agency (MHRA, the body that grants licences for medications) or endorsed by the National Institute for Health and Care Excellence (Nice, which recommends certain medications for use in the NHS), the drug isn't offered broadly – although a version, named esketamine, is licensed by the MHRA, though not recommended by Nice. Indeed, Professor McShane's Oxfordshire clinic is the only NHS provider in the country offering ketamine infusions for treatment-resistant depression – and very few people are referred there for 'free at the point of access' treatment; the majority of patients pay £3,000 a year minimum. But thanks to early data pointing towards the drug's promise, as well as its status as a prescribable medication, optimism – and cash – flowed through the veins of a nascent industry. In 2021, Awakn Life Sciences opened its doors, becoming the UK's first ketamine clinic, offering injections of the substance interspersed with talking therapy. It would be followed by a handful of private practices, largely clustered in London. In the US, though, the boom has been mighty: last year, there were 12 clinics offering the treatment in Manhattan alone; the American market is forecast to hit \$6.9bn (around £5.4bn) by 2030.

Promises, promises

Maria had never taken a recreational drug before. 'But I knew that [people] use ketamine to get high,' she tells *WH*. 'I also knew it's used as an anaesthetic, so while I was slightly nervous about the possibility of having a "bad trip", I wasn't overly concerned about taking it – it was already being used by doctors.' The treatment she underwent across 11 sessions – four of which would involve ketamine being injected into her bloodstream for a treatment lasting around 60 minutes – cost £5,650, which she paid for using her savings. While aware she was putting a lot of cash down, she found the amount – together with the spa-like surrounds – reassuring. 'It was a stunning clinic – more sleek than hippy-ish – and the staff were friendly,' she recalls. 'Dr Sessa told me he thought [the treatment] would work well. Surely if it costs that much, it must be good, I thought.'

For the dosing sessions, she wore a blindfold and reclined on a bed under a weighted blanket. When the drug kicked in, she began to see 'fractals, like a kaleidoscope', she remembers. 'Then, it was like these crazy dreams.' Her experience sounds cathartic – at one point, she thought about her parents, both deceased, and had a good cry. 'And I suppose talking about the experiences that come up in therapy takes you further.' Those pleasant feelings were short-lived, though. While Maria felt good on each day of treatment, the positivity soon wore off. Still, when the end of her sessions came, she wasn't concerned. Her brain must be firing off all those lovely new neurons, she thought; her levelled-up →

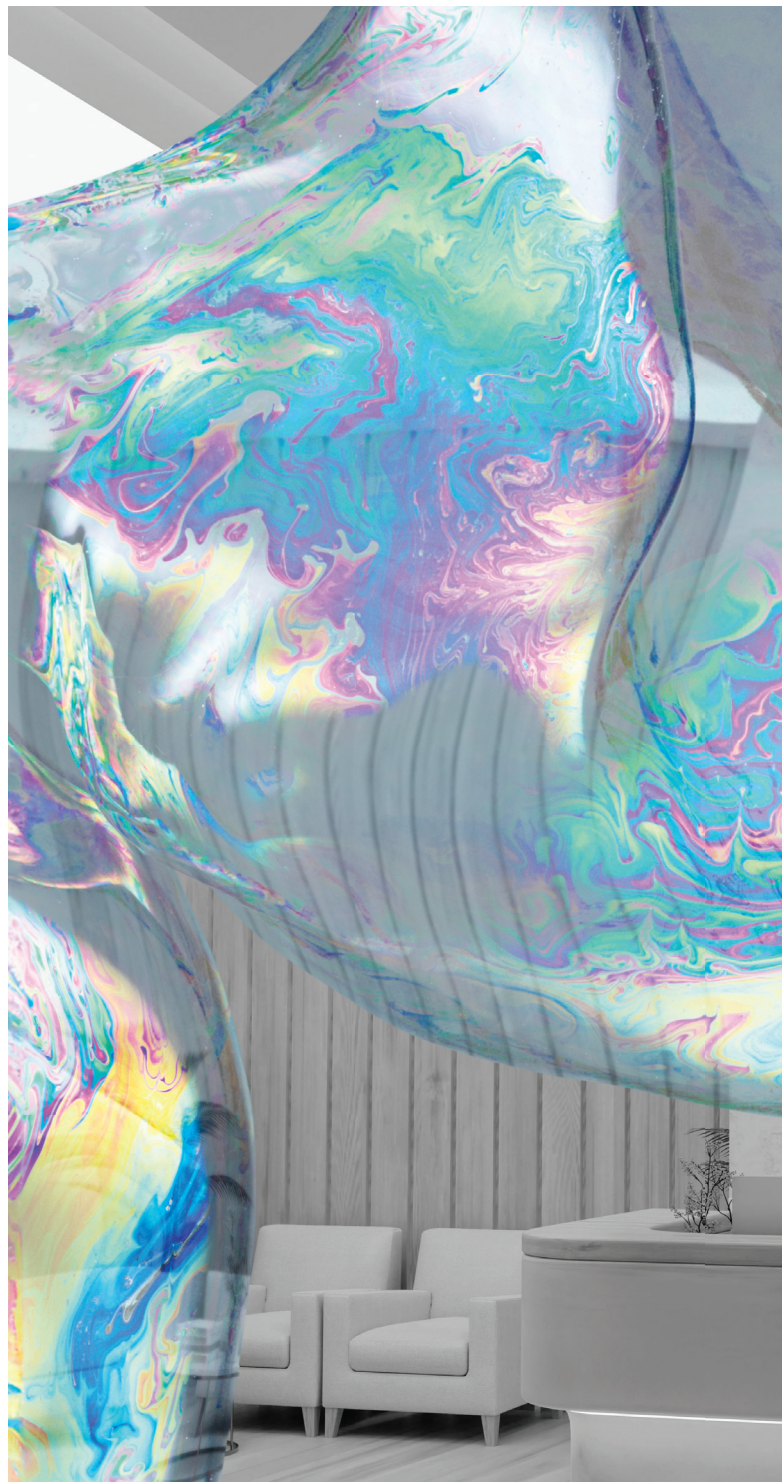
psyche being incubated. It was a couple of weeks later when Maria realised that her anxiety had returned and she felt the same as she did before the intervention. In the months that followed, it occurred to her that her spiking anxiety could have been a symptom of the menopause. And when she began digging into critical perspectives on ketamine-assisted therapy, she discovered voices airing doubts on the quality of the research she had trusted. On reflection, she feels that she was duped.

Bubble burst

While researching this piece, *WH* encountered a multitude of stories from all sorts of people who reported profoundly edifying experiences with ketamine-assisted therapy. 'It was one of the most beautiful experiences of my life,' one 33-year-old woman, who didn't wish to be named, told *Women's Health*. 'I saw everything that has happened to me as a part of my story and I felt so much compassion for myself.' And in a climate where 1.8 million people are on a waiting list for mental health support, such experiences are not to be dismissed. And yet, feeling duped isn't the most seismic report emerging from those who've engaged with luminaries in the field.

Back in March this year, Dr Sessa had his medical licence suspended for 12 months. The suspension followed his admission that he took up what he describes as a 'sexual and romantic relationship' with a vulnerable former patient, one with a history of self-harm. (Due to the power imbalance inherent in such a scenario, 'relationship' is a contested term and many sexual violence researchers assert that there can be no consent when dynamics are so skewed.) He provided psychiatric care – not using ketamine – to the woman in question via his private practice between 2019 and 2021, before discharging her in order to pursue the 'relationship'. The patient later took her own life. In response to the news of the tribunal, Awakn issued the following statement: 'This work was undertaken outside of Dr Sessa's Awakn contracted hours. Dr Sessa tendered his resignation to Awakn prior to notifying Awakn management that the GMC [General Medical Council] had initiated an investigation into his conduct. Awakn had no prior knowledge of the allegations whatsoever. Awakn has supported and will continue to support [the] GMC in [its] investigation when requested.'

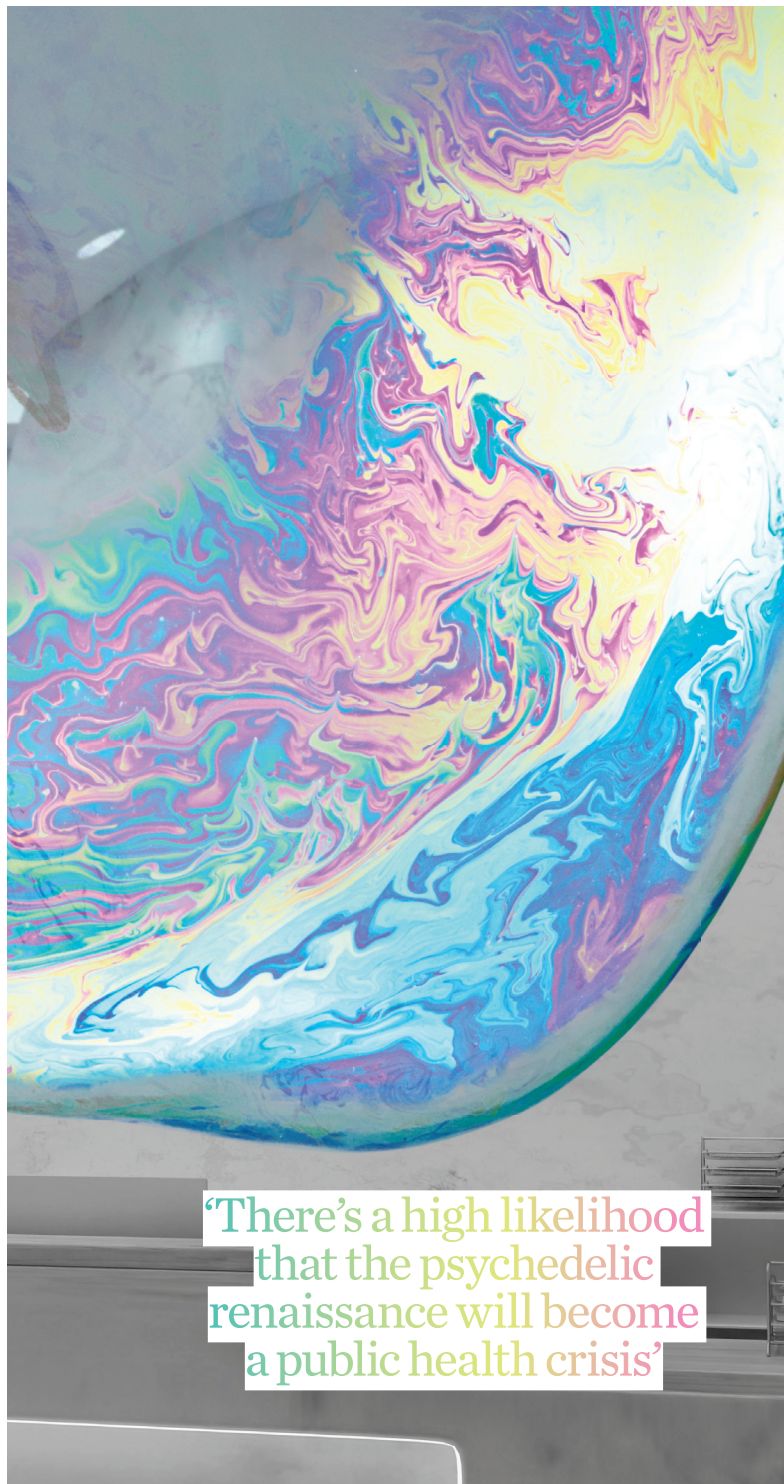
He's not the first practitioner in the space to be accused of improper behaviour, either. In February this year, two doctors offering ketamine treatment in the US had their licences suspended after alleged 'inappropriate relationships' with patients. For David Nickles, a co-creator and producer of the *Cover Story: Power Trip* podcast, which examined abuse in psychedelic therapy settings, this is indicative of a broader issue. 'What rarely makes it into the coverage of these stories is that many of these people travel in the same social circles, share connections and have overlapping institutional affiliations,' he tells *WH*. '[Dr] Sessa isn't some aberration among notable psychedelic figures, he's just the most recent practitioner to be outed for egregious misconduct.' These incidents should set off alarm bells, says Nickles. 'Unless there's a significant intervention within the nascent industry of psychedelic therapy, I believe there's a high likelihood that the psychedelic renaissance will become a public health crisis. Not because of the drugs, but because of unscrupulous practitioners.'



Body of evidence

This is not the only crisis facing the ketamine industry. In the past year, multiple US clinics have dramatically scaled back their offerings. The luxury chain Field Trip began shutting down facilities in 2023; meanwhile, Ketamine Wellness Centers – another chain with over 12 premises – went bust. Here in the UK, Awakn's Bristol clinic and the company's two Norwegian outposts ceased public-facing operations in 2023, pivoting to research and development. (Its London clinic was acquired by another group, which still offers the service under 'Awakn Clinics London'.) Maria has experienced this fallout personally. Though she doesn't allege any impropriety by Dr Sessa – and she was delivered the treatment she paid for, including a three-week follow-up – she feels there should

PHOTOGRAPHY: GETTY IMAGES; DIGITAL MANIPULATION: SCRATCHINPOST.CO.UK. *NAME HAS BEEN CHANGED



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have been more extensive aftercare. She’d also been told that she would be able to access top-up sessions for years to come, a belief that was broken when she found out that Awakn’s Bristol operation had shut down in 2023.

The effort to brand ketamine as a research-backed way to be free of mental distress – one that’s delivered in the kind of environment you’d usually associate with a massage – has been solid. But a growing chorus of voices are casting aspersions on this framing. Eiko Fried, an associate professor at Leiden University in the Netherlands, where he works on mental health and data science, is among them. That his area of expertise is depression means he doesn’t wish to speculate on ketamine’s effectiveness for other conditions, but he’s found the evidence to support ketamine as a robust

A bad trip?

intervention for depression to be lacking. ‘I’m happy that folks are trying to find new treatments for depression,’ he says. ‘But people with mental health problems are extremely vulnerable, so we need to be careful and researchers need to communicate their findings clearly and thoroughly.’ Something that isn’t happening with the literature around ketamine and depression at the moment, he explains, citing a lack of longer-term data on how the drug affects those who take it.

Besides, as was the case with Maria’s experience, the positive influence of ketamine seems to wear off. Rapidly. ‘The existing evidence for ketamine for depression is that it can lead to short-term symptom relief in the first one to four days post-treatment,’ Dr Fried adds. ‘That can be valuable for emergency settings, such as folks who are suicidal and who need to stabilise. But there’s no evidence that ketamine alone [without the addition of therapy, which is the offering available at many clinics] is a safe and reliable treatment, by which I mean something that can help people get better at a fundamental level.’ He notes that the scientific literature has pivoted more to psychedelic-assisted psychotherapy, which is where he sees more potential for the future. He points to issues with the drug’s safety profile, too. Prolonged, excessive use can damage your urinary system and, as rates of addiction in university towns show, it can foster dependence; government data for 2022 to 2023 shows that the number of adults entering treatment for ketamine problems is more than five times higher than it was in 2014 to 2015.

Silver bullet

‘I cringe because I feel like they must have seen me coming, in their fancy clinic with their puff pieces in the press,’ says Maria, reflecting on the experience now. The shame she feels is the reason she asked that we use a pseudonym for this piece; she doesn’t want her friends to know that she was lured in by shiny marketing, wasting – as she sees it – thousands of pounds in the process. Her mental health is manageable now; she’s still using medication, as well as talking therapy, to stay well. Despite his misgivings, Dr Fried is optimistic about the possible future of the treatment, *if* more rigorous evidence can be gathered. ‘I have hope that ketamine might be useful for some people in some specific circumstances. But we need research using much larger samples and much more information about how folks are doing further down the road.’

As for the impact of Dr Sessa’s misconduct on the industry? Nickles is sceptical that it will prompt much soul-searching from psychedelic leaders. ‘I don’t think Dr Sessa’s admissions will have much of an impact on the future of ketamine therapy or psychedelic-assisted therapy more broadly,’ he tells *WH*. ‘In the wake of the tribunal, there’s been widespread silence from the most visible psychedelic therapists, researchers and pundits. So while we could imagine a world in which the industry decides to take Dr Sessa’s misconduct as a wake-up call and engage in robust regulation, with serious consequences for practitioners and institutions in positions of power, we don’t appear to be living in that world.’ Where the industry goes next is hard to say. While the drug glistens with promise, its pitfalls are very real – and ignored at our collective peril. And, as ever, interventions positioned as a silver bullet for mental distress rarely work out that way. What’s certain is this: the tranquilliser’s future, much like its past, will be surreal. **WH**