Dear ECCD Chair and Members,

The New Zealand Society of Anaesthetists urges you to help ensure the safety, quality and availability of anaesthetic and surgical care around the world.

As you know, Ketamine is one of the most commonly used anaesthetic agents globally. In many low and middle-income countries it is the only available anaesthetic agent. For WHO Level 1 hospitals it is the only anaesthetic on the WHO Essential Medicines List.

Ketamine, being a potent dissociative analgesic and anaesthetic is widely used in pre-hospital, emergency department, and operating room settings postoperatively in New Zealand. In October 2011 the New Zealand Medical Journal published a report of contemporary sedation practice in a large New Zealand emergency department showing Ketamine was the most commonly employed agent in the Paediatric population with 83.6% of the children receiving the drug. Ketamine, being suitable for administration via multiple routes is suitable for many clinical scenarios including:

1. Pre-hospital admission for analgesia e.g. patient extrication during earthquake trappings.
2. Disaster medicine such as the Banda Aceh, Kashmir and Haiti situations New Zealand has a history of responding to calls for assistance during natural disasters.
3. Combative patients where it is useful as a sedative and a Premedicant.
4. Emergency Department and ward use for procedural sedation where, because of its minimal depression of respiratory drive, resulting in preservation of upper airway muscle, pharyngeal and laryngeal reflexes, it is a safe option. This reduces theatre waiting times, staffing requirements and recovery times.
5. Perioperative use for: pre-emptive analgesia, intraoperatively and postoperatively for preventative analgesia and anti hyperalgesia. Ketamine induces a brief period of analgesia associated with minimal and levelled hypnosis, if given alone, but is most beneficial, even long term, when used as part of a multimodal plan perioperatively. The Australian and New Zealand College of Anaesthetists publication Acute Pain Management: Scientific Evidence provides Class 1 evidence for Ketamine’s use and is widely used as a reference publication throughout New Zealand.
New Zealand Society of Anaesthetists  
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In New Zealand Ketamine was classified as a Class C4 (Schedule 3, Part 4) controlled drug from 1 December 2010. This shift from prescription medicine was to reduce the potential for diversion for non-legitimate purposes. The 2007/2008 Alcohol and Drug Use Survey of the New Zealand Drug Foundation found that the recreational use was relatively low. However, in 2009 the Expert Advisory Committee on drugs recognized it had a “small but definite” market with regular drug users increasingly likely to have tried Ketamine in the past year. Hence, the reclassification from a prescription medicine to Class C4. This means that it is required to be kept in an approved drug safe and must be prescribed on a triplicate prescription form.

The United Nations’ Commission on Narcotic Drugs recently called for the imposition of stricter and more rigorous import and export controls on Ketamine. Whilst we recognize the concern that some countries have over the increasing abuse of Ketamine as a recreational drug, any decrease in availability of the drug for anaesthesia usage would have catastrophic effects and, in many countries, force anaesthesia and surgery back to unsafe practices from past centuries. This would be disastrous for patients, surgeons and anaesthesia providers in countries where Ketamine is the most common – and sometimes the only – anaesthetic available.

We caution against attempts to restrict the availability of Ketamine and urge the WHO to take immediate and strong action to ensure unimpeded access to Ketamine for anaesthesia and surgical use.

Yours faithfully,

EW (Ted) Hughes

President

Cc. Dr Meena Cherian, WHO Global Initiative for Emergency and Essential Surgical Care (GIEESC)  
Dr David Wilkinson, President, World Federation of Societies of Anaesthesiologists (WFSA)