Chair and Members

Rome, 23 May 2014

WHO Expert Committee on Drug Dependence (ECDD)
Geneva
Switzerland

Dear ECDD Chair and Members,

Ketamine in Italy

Ketamine is not the only or the most commonly adopted anaesthetic in Italy in OR for elective surgical procedure, but many of those answering to a “call for opinion”, declared that they consider Ketamine a safe drug, adopted for many reasons in delivering safe surgery and analgo-sedation (included in ICU, Emergency Department, for NORA and for out of hospital procedures), including it’s adoption by emergency providers not specialized (Out-of-H emergency team).

Some of them (ED Chair or front line physician) declared that some time ago there was a shortage of Ketamine, solved by acquiring through Swiss or Vatican Pharmacy.

We don’t have certain and homogeneous data for consumption but you can consider about 450.000/yr ampules confirmed for the following indications:

- RSI in ICU, Out of hospital and ED patients *
- severe hypovolaemia, dehydration, acute haemorrhage anaemia, shock and cardiovascular instability
- trapped casualties, maxiemergency and disaster care **
- burned patients
- at low dose for analgesia and sedation, in emergency setting or in OR or during procedural pain in ED, ICU, Radiology (percutaneous tracheotomy, debridement and skin grafting, dressing changes, liver oncologic hyperthermic procedure…) - useful combined with midazolam (ketazolam) o propofol (ketofol)
- in adjunct to local or regional anaesthesia; as supplement for inadequate block
- Respiratory failure or COPD with bronchospasm, intractable bronchial asthma***
- Difficult Airway Management, awake intubation, risk for respiratory depression (OSA, obese patients), procedural endoscopies...
- Major thoracoabdominal procedures
- Cardiac tamponade and constrictive pericarditis
- Paediatric anaesthesia, cannulation, central lines
- Obstetric patients and transient analgesia at the time of delivery
- Postoperative analgesia in adjunct with morphine PCA
- Aged and poor risk patients
- Outpatient surgery and NORA for diagnostic and therapeutic
- procedures and Recovery Room
- It's anti-NMDA mechanism make it consider by pain specialists too for complex pain treatment and chronic pain prevention, tachyphylaxis and opioid rotation****
- Even if ketamine has been contraindicated in patients with increased ICP, reports of neuroprotective and even neuroregenerative effects have generated adoption in such patients.

* Intubation care in ICU: "bundle management" (ketamine 1.5–3 mg/kg combined with succinylcholine or rocuronium) - SJaber et al. Intensive Care Med (2010) 36:248–255


*** S-Ketamine 0.5 – 1 mg/kg i.v. has been included as further action in “Severe Broncospasm” by ESA Pocket Safe Algoritham 2013 - Sven Staender (CH) Andrew Fairley-Smith (UK) Guttorm Bratteboe (Norway) David Whitaker (UK) and Jannicke Mellin-Olsen (Norway; ESA board member) and David Borshoff (Australia; non Task Force member)


As already I wrote you in my previous letter, I can confirm that Ketamine unavailability would be surely dangerous for many Italian anaesthesiologists and ED providers in our Country: any effort should be done to avoid it.

Yours faithfully,

Prof. Massimo Antonelli, MD
President of the Italian Society of Anesthesiology, Analgesia and Intensive Care Medicine (SIAARTI)

cc.
Prof. Daniela Filipescu, President, European Society of Anaesthesiology (ESA), president@esahq.org; Dr David Wilkinson, President, World Federation of Societies of Anaesthesiologists (WFSA), ceo@wfsahq.org; Dr Meena Cherian, WHO Global Initiative for Emergency and Essential Surgical Care (GIEESC) cherianm@who.int
Dear ECDD Chair and Members,

We, the Japanese Society of Anesthesiologists, ask you to help ensure the safety, quality and availability of anesthetic and surgical care around the world.

As you know, ketamine is one of the most commonly used anesthetic agents globally. However, United Nations’ Commission on Narcotic Drugs recently called for the imposition of stricter and more rigorous import and export controls on ketamine. In many low and middle-income countries, ketamine is the only available anesthetic agent. For WHO Level 1 hospitals, ketamine is the only anesthetic on the WHO essential medicine list. We also use ketamine in Japan as an indispensable anesthetic agent for induction of shock patients, for sedation of excited pediatric patients, and for analgesia of somatic pain during ambulatory treatment.

Whilst we recognize the concern that some countries have over the increasing abuse of ketamine as a recreational drug, any decrease in availability of ketamine would have catastrophic effects and, in many countries, force anesthesia and surgery back to unsafe practices from past centuries. This would be disastrous for patients, surgeons and anesthesia providers in countries where ketamine is the most common – and sometimes only – anesthetic available.

We thus 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 anesthesia and surgical use.

Yours faithfully,

Pre 
President
Japanese Society of Anesthesiologists
Chair and Members

WHO Expert Committee on Drug Dependence (ECDD)

Geneva, Switzerland

Dear ECDD Chair and Members,

We, the Rwanda Society of Anesthesiologists, urge 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. It is definitely the most affordable and suitable agent used for both emergencies and elective surgery countrywide.

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 recognise 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 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,

Dr Jeanne d’Arc UWAMBAZIMANA

President, Rwanda Society of Anesthesiologists

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)

Email: kunziro@yahoo.com; juwambazimana@yahoo.com
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We, the Association of Anaesthetists of Great Britain & Ireland (AAGBI), urgently seek your help to ensure the safety, quality and availability of anaesthetic and surgical care in the developing 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. The AAGBI has close links with anaesthesia providers in countries in sub-Saharan Africa such as Uganda and Malawi, and we are aware that the Defence Forces also has a keen interest in healthcare in resource-poor countries. The continuing supply of ketamine to countries such as these is quite literally vital.

The United Nations' Commission on Narcotic Drugs (CND) recently called for the imposition of stricter and more rigorous import and export controls on Ketamine. Whilst we recognise 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 and anaesthesia providers in the developing world and in other countries where Ketamine is the most common—and sometimes only—anaesthetic available.

On the 16th June 2014 the World Health Organisation Expert Committee on Drug Dependence (ECDD) will be meeting to make recommendations on whether Ketamine should be placed under stricter international controls. We caution against attempts to restrict the availability of Ketamine and urge you and your Ministry to call upon the WHO to take immediate and strong action to ensure unimpeded access to Ketamine for anaesthesia and surgical use.

Yours faithfully,

Dr William Harrop-Griffiths
AAGBI President

Dr Rachel Collis
Chair of the International Relations Committee

cc. Dr David Wilkinson, President, World Federation of Societies of Anaesthesiologists (WFSA)
Dear ECDD Chair and Members,

We, The Belgian Society of Anesthesia and Resuscitation urge 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 in the world. 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. 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 recognise 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 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,

Pr. L. Foubert
President

Pr. M. de Kock
Vice-President

Pr. J.F. Brichant
Belgian Representative to NASC of the ESA