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## Ketamine control plan condemned as potential disaster for world's rural poor

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*Repeated Chinese attempts to tighten controls on drug described as 'David and Goliath struggle' between poor and rich countries*

A proposal that is about to come before the UN to restrict global access to ketamine, a drug abused in rich countries, would deprive millions of women of lifesaving surgery in poor countries, according to medicines campaigners.

Ketamine, known to clubbers by a variety of names including ket, Vitamin K and Special K, is one of the most commonly used anaesthetics in the developing world. As it is injectable, it can be used in rural areas where anaesthetic gases are unavailable.

Surgery in parts of the developing world, and particularly caesarean sections without which women with difficult labours may die, would be reduced and sometimes even unavailable. Campaigners say the health of at least two billion people would be affected.

This month, the UN's Commission on Narcotic Drugs will discuss a proposal by China to place ketamine in schedule 1, alongside psychedelic drugs such as LSD. If it is accepted, countries that want to buy the drug and use it would have to state how much they intended to import on an annual basis and would not be able to buy any more. It would only be administered for medical purposes by government employees. In practice, say doctors, it will become unavailable in the remote areas where it currently allows lifesaving surgery to take place.

Richard Laing, professor of international health at Boston University's school of public health in the US, described what is happening as a "David and Goliath struggle between people interested in access to an essential medicine for women and victims of trauma in poor countries and the drug control establishment in rich countries".

If China's proposal was voted through, he said: "This would be an absolute disaster for low-resource countries, which depend on ketamine as a safe injectable anaesthetic agent that can be used in many emergency situations, particularly in obstetrics for emergency caesarean sections.

"It raises blood pressure so is very useful in trauma and when anaesthetising shocked patients.

"The fact that ravers in the west abuse this product should not deprive poor people in struggling health systems from access to this most vital lifesaving medicine."

Ketamine causes a dissociative state, so that people are unaware of what is happening to them, but they retain the vital cough and gag reflexes. In caesarean sections, women can die when the acid accumulating in their stomach runs up the oesophagus and then enters the lungs because that reflex has been knocked out by anaesthetic.

As a medical officer in Zimbabwe many years ago, said Laing, he took ketamine to a major traffic accident, where its use enabled victims to be transported safely to hospital by non-medics. Ketamine can also be administered by nurses rather than trained anaesthetists.

China, a major producer of ketamine, is understood to be concerned by its abuse and it has the support of a number of other countries, including Russia. It will need backing from two-thirds of the 53 member states. The UK has said it will abstain on the vote, which is tantamount to a no.

Campaigners argue the proposal should not have been brought at all. "Legally, WHO [World Health Organisation] must consent before the commission can add any drug to schedule 1," said Amir

Attaran, law professor at the University of Ottawa in Canada. “WHO has thrice come out unequivocally against scheduling ketamine.”

He argues that the UN Office on Drugs and Crime, the secretariat of the Commission on Narcotic Drugs, should not have put the draft resolution forward for discussion.

“China has been pushing for a long time,” said Willem Scholten, an independent consultant in controlled medicines in the Netherlands who was secretary of WHO’s expert committee on drug dependence until two years ago. Beijing first put it forward in 2005 and it was reviewed again in 2012 and in 2014 – each time WHO advised against it because of the potential impact on health in the developing world.

When the resolution is debated by the commission, it is understood that the scientific and medical opinion of the WHO will not be challenged. The argument then will centre on the experiences of crime and drug abuse put forward by the individual member states.