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The UK needs common sense about ketamine

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Ketamine is a vital medicine, and restricting it has harmed patients without cutting recreational use. Britain should stand up to the UN's failed 'war on drugs'

Ketamine is a unique anaesthetic and analgesic that has unfortunately become a popular and harmful recreational drug. Last year, in an attempt to reduce recreational use, and on the recommendation of its Advisory Council on the Misuse of Drugs (ACMD), the UK government decided to ban all ketamine-like drugs (analogues) and also put ketamine itself under greater controls.

These changes were opposed by many scientists who saw the analogue ban as anti-scientific, and by many doctors and vets who feared that the greater controls would reduce ketamine use with consequent increase in patients suffering. Our fears turned out to be true. For example, the Glastonbury festival medical team who use ketamine for emergency anaesthesia (eg for burns) were last year denied supplies.

The increased restrictions also failed to take account of the advances in prescribing options provided by the Patient Group Directive legislation, which improves access to vital medicines by allowing trained nurses and other practitioners to prescribe. On Tuesday, the Home Office was told by the ACMD of this oversight, and hopefully the regulations will soon be changed to allow ketamine to be used optimally.

These issues highlight the perverse damage that can occur with the current simplistic legal-based approaches against recreational drug use. They damage research and harm patients, yet have little if any effect on recreational use. Now the misuse of ketamine in some other countries could lead to an even more outrageous decision: the banning of ketamine as a medicine world-wide. The UN Commission on Narcotic Drugs (UNCND) is proposing this at its next meeting in March. This recommendation is being pursued despite opposition from the World Health Organisation that argues ketamine is a vital medicine. Ketamine is the only anaesthetic that does not cause respiratory depression and one that has proven utility in emergency situations, war zones and in surgery for children. This is not the first time that the faceless "war on drugs" bureaucrats in the UN are trying to get a drug banned to justify their existence – but surely it must be the last?

The prospect of denying the long-proven therapeutic benefits of ketamine to people, particularly children in pain, is one I am sure we would all find abhorrent. We need to remember that because many countries blindly follow UN guidance to ban all strong opioids under UN conventions, 80% of the world's population doesn't have access to adequate opioid analgesia, one of the great socio-medical scandals of the past century.

Ketamine also has a major and growing role to play in the control of patients with chronic pain. Moreover ketamine is probably the most significant innovation in the treatment of resistant depression in the past 40 years. It can produce rapid remission of symptoms in suicidal patients and is also being tested in treatment-resistant PTSD.

To stop the clinical and research use of ketamine would be madness but this is what would happen if the UK approves and implements the UNCND recommendation. This would mean that every doctor and hospital that wished to use ketamine would need their own special licence to do so. We know that only four hospitals in the country have such a licence and to get one costs about £6,000 and takes a year or more.

The idea that banning ketamine will stop recreational use is ludicrous, given that similar bans on heroin and cocaine have not impacted misuse. Unless our scientific and medical leaders stand up to the UNCND, researchers and patients will suffer. We need to remember that the UK medical community successfully lobbied the government to reject the 1961 UN recommendation to ban

heroin when many other countries went along with it and so eliminated it as a medicine. UK patients have benefited from this powerful painkiller whereas patients in other countries have suffered. We can insist that common sense over ketamine prevails and that our medical leaders demand a similar exemption be applied to ketamine in the UK if the UN proposal is endorsed.

But we should do more. It is time to stop the UNCND pursuing its failed “war on drugs”. This serves its goals of maintaining its significant international profile and job security, but it has been a costly failure in terms of the rest of humanity, particularly because of the perverse effects to deny proven pain-control treatments to much of the world’s population. Surely it is now time for the UK, one of the founders of the World Health Organisation and a leader in international health policy, to rectify this cruelty: stopping it worsening by opposing the ketamine ban would be the first step.