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The South African Society of Psychiatrists (SASOP) and the South African Society of Anaesthesiologists (SASA) Joint Position Statement on the use of ketamine and psychedelic agents

The South African Society of Psychiatrists (SASOP) and the South African Society of Anaesthesiologists (SASA) jointly note with concern the recent promotion of the use of psychedelic agents for clinical use, and the off-label use of ketamine in South Africa by the healthcare profession.

The recent formation of a new multidisciplinary society in South Africa - The Society of Interventional Practitioners South Africa (SIPSA) - with the stated aims of promoting the professional and legitimate interests of ketamine and psychedelic treatments, and to develop guidelines, uniform protocols and techniques for ketamine and legal psychedelic treatments, has prompted SASOP and SASA to alert membership of the following:

- SASOP has a clear position statement that ketamine for psychiatric indications is a level 3 treatment and should be administered at level 2-7 care pathways and, therefore, should only be prescribed by a psychiatrist, as only a specialist clinician in this field is qualified to decide if an indication for ketamine for mental illness is present¹
- Then, to note with emphasis, all psychedelics, including psilocybin and MDMA, are currently illegal in South Africa, and SASOP has a clear position statement in this regard^{2.} This is still clearly referenced in the Drugs and Drug Trafficking Act 140 of 1992 and the Medicines and Related Substances Act 101 of 1965 ³
- SASOP does not support or endorse the use of psychedelics for any psychiatric conditions and does not currently support the use of ketamine for psychiatric conditions other than Treatment Resistant Depression (TRD). Neither SASOP nor SASA support the treatment of TRD by anaesthesiologists. Further we do not support or endorse the use of psychedelic assisted therapy
- Both SASOP and SASA only endorse practice that is in line with good clinical practice (GCP) guidelines⁴
- Lastly, SASA has clear clinical practice and safety guidelines for the administration of ketamine with respect to pain management in the acute perioperative and chronic pain settings. However, the association of ketamine

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usage as part of psychotherapy or within ketamine clinics requires that this be strictly under the guidance and prescription of a qualified specialist psychiatrist⁵

SASOP and SASA encourage their members to abide by the existing guidelines of their respective organisations and reiterate that they cannot support any practitioner who engages in illegal behaviour, the prescription or distribution of illegal substances, or clinical practice that is neither evidence-based nor peer-reviewed, and which may contravene existing South African law, the South African Health Act, or the HPCSA Ethical Rules. In addition, this practice may be viewed as being harmful to patients and any practitioner registered with the HPCSA will be mandated to report an offending practitioner engaging in such practice to the HPCSA themselves, as per the Ethical Rules of the HPCSA. SASOP and SASA caution their members of the medicolegal risk inherent in experimental practices, as both short-term insurers and mutual indemnifiers consulted on this topic would not support practitioner cover in the event that a knowingly illegal act was willfully or deliberately committed or off-label or unregistered or unapproved medical intervention was instituted in blatant contravention of South African law.

Off-label usage and prescription of ketamine for indications other than TRD, as well as the illegal usage or prescription of psychedelics within the clinical space, remain in contravention of the HPCSA ethical rules and the South African Law. Research and experimental practice are restricted to those institutions that are both approved for and licensed to partake in such activities and are, therefore, heavily regulated within the legal and ethical boundaries of the State.

SASOP and SASA support the commitment to current and future approved and licensed research and exploration of treatment modalities within the fields of psychiatry, chronic pain management, and perioperative anaesthesiology, respectively. However, this research should be conducted only in appropriately regulated, ethically approved, and strictly controlled environments and by appropriately qualified and licensed practitioners.

We remain open to further engagement in the best interests of patient safety and the maintenance of professional standards of quality patient care.

References

- 1. SASOP Statement on Use of IVI Ketamine and Intranasal Esketamine for TRD https://www.sasop.co.za/_files/ugd/cc5d8c_d361af8021434dc89802c2e49fc114a6.pdf
- 2. SASOP Statement on the Use of Psychedelic & Empathogenic Agents for Mental Health Conditions https://www.sasop.co.za/_files/ugd/cc5d8c_c374aef5e8f3415590b14b0d7825d8c8.pdf
- 3. The Medicines and Related Substances Act (previously Drugs Control Act) 101 of 1965 <u>https://www.sahpra.org.za/wpcontent/uploads/2019/09/Medicines-and-Related-Substances-Act 101-of-</u> 1965 Act GG-40869 2017-05-26.pdf
- 4. SOUTH AFRICAN GOOD CLINICAL PRACTICE GUIDELINES SECOND EDITION <u>https://health.gov.za/wp-content/uploads/2021/10/nhrec-train_gcp.pdf</u>
- 5. SASA Practice Guidelines 2022. *South Afr J Anaesth Analg.* 2022; 28(4 Suppl 1) <u>http://sasaweb.com/wp-content/uploads/2022/09/SASA-Practice-Guidelines-2022-Appendices-Combined-Final.pdf</u>