Child health, the refugees crisis, and economic recession in Greece

According to the UN Refugee Agency,1 roughly 860 000 refugees and migrants without travel documents have entered Greece by sea since 2015, with the Greek islands becoming the main gateway to the European Union. Most refugees (45%) are men, 35% are children, and 20% are women, mostly from Syria, Afghanistan, and Iraq. More than 250 deaths and 149 missing people were recorded in Greek territorial waters in 2015, and almost half of those who have drowned trying to reach Greece were children. Journeys by sea in winter weather are particularly dangerous and children are often soaking wet and extremely cold when they are brought ashore, which leads to a high risk of hypothermia, and in many cases hospital treatment is needed. For refugees who finally reach a Greek island, living conditions are poor, especially for young children.

The authorities, non-governmental organisations, church charities, and local communities have made a great humanitarian effort to host newly arrived refugees, address their primary needs, and care for young children and pregnant women. Nevertheless, thousands of people continue to arrive each day, leading to a shortage of supplies. Roughly 1800 requests for child services for unaccompanied minors have been made since 2015. Children and adolescent refugees endure considerable physical and mental challenges before and during their journey and experience continued hardship after their arrival, such as exposure to violence, separation from their families, insecurity, inadequate housing, trafficking, and sexual exploitation.2,3 Medical examinations and health care, psychosocial support, and housing are being offered free of charge by a network of public services and non-governmental organisations through the national child protection legislation.

Unfortunately, this extraordinary influx of migrants coincides with the disastrous Greek economic recession. Gross domestic product has fallen by 25% since 2010, the income and employment of both native residents and immigrants have decreased, and the public health sector and welfare sector have been affected by austerity measures.4,5 Nevertheless, protection of the lives and integrity of child refugees remains a major concern not only for the state, but also for allied health professionals and local communities. Health professionals, in particular, should assess the complex, continuing challenges for the wellbeing of children and adolescents who are refugees, not only with the aim to support them and provide access to effective treatments, but also to act as advocates for refugee rights, anti-discriminatory policies, and social justice.

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Ketamine—the real perspective

We would like to highlight the medicinal value of ketamine. In November, 2015, WHO’s Expert Committee on Drug Dependence (ECDD) reviewed ketamine among drugs “with potential for dependence, abuse and harm to health”, to make recommendations to the UN Commission on Narcotic Drugs (CND) on the need for their international control. The ECDD recommended unequivocally that ketamine should not be placed under international control as they concluded that ketamine abuse does not pose a global public health threat and that such control would limit access for those who most need it as a life-saving anaesthetic.6 This month in March, the 59th CND will vote on this issue.

Some disagree with ECDD’s opinion and consider that ketamine should be banned because of misuse as a recreational drug. However, there is widespread failure to appreciate that ketamine is an essential medicine—a remarkably safe anaesthetic that has been used worldwide for over 50 years. The drug does not depress respiration or the cardiovascular system, it can be used without electricity, oxygen, ventilators, and all the support systems required for other anaesthetics. Ketamine can be administered by trained non-physicians. Ketamine is an essential anaesthetic in any situation with scarce facilities.7 Therefore this drug is the only anaesthetic available for surgery in most low-income and middle-income countries (LMICs). Ketamine also has particular value as an emergency on-site anaesthetic for accidents, natural disasters, and war zones. In high-income countries, ketamine is increasingly used to treat depression and chronic pain.8,9

Ketamine also plays a crucial role in veterinary medicine.10 The drug has been extensively used since the 1970s to provide anaesthesia and pain relief in animals and is now probably the most...