1. The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom and has over 14,500 members. Its primary aim is to protect and promote the interests of the veterinary profession in this country, and it therefore takes a keen interest in all issues affecting the veterinary profession, be they animal health, animal welfare, public health, regulatory issues or employment concerns.

2. We welcome the opportunity to respond to this consultation.

Q1 In light of the risks of diversion from legitimate uses and the harms identified in the ACMD advice, which option do you support?

- Option 1 – Do nothing
- Option 2 – Full Schedule 2 status under the 2001 Regulations as recommended by the ACMD
- Option 3 – Full Schedule 3 status under the 2001 Regulations
- Option 4 – Schedule 3 status, but with exemption from the safe custody requirements

3. In advance of this consultation, BVA conducted a survey of member practices to seek their views on the rescheduling of ketamine. Just over half of the respondents were in small animal practice, with mixed practice, farm animal practice, equine practice, referral, and exotic animal practice represented. Half of the respondents used ketamine daily, around 35% weekly, 6.5% monthly and 8.7% occasionally.

4. The majority of respondents to the BVA survey felt that the re-classification of ketamine to a Schedule 2 drug would not significant additional burden in veterinary practice as many of the requirements are already implemented in practice. The RCVS and the BVA Good Practice Guide on veterinary medicines already recommend that ketamine is stored in a controlled drugs cabinet and its use recorded in an informal register.

5. Those that did feel that there would be an impact on their practice cited additional paperwork, alterations to vehicles for ambulatory work and changes to disposal. It was also noted that because of the small quantities used in cats and rabbits, the amount not used and discarded within the needle and not recorded could cause discrepancies between amounts prescribed and stock remaining. It was suggested that recording a daily amount rather than every 0.1ml used per cat would be more practical.

6. Taking into account the human health and social aspects, as well as veterinary and animal welfare, 42% of respondents surveyed were in favour of rescheduling ketamine to Schedule 2 with around 27% against. 31% of respondents were neither in favour nor against.
7. A number of respondents questioned whether re-scheduling would have an impact on illegal ketamine use. A significant majority (93%) were not aware of any cases where ketamine had been lost or stolen from veterinary practice.

8. It should be noted that the BVA specialist equine division, BEVA and the BVA specialist small animal division, BSAVA, also conducted surveys of their members.

9. The BEVA survey found that most members were already following recording and safe custody industry-led guidelines when in practice. As a result of consultation with its members, the BEVA position is that the most suitable option is Option 1, as industry guidelines are already in place that mean the veterinary use of ketamine requires safe custody and additional measures would unnecessarily increase the legislative burden, contrary to the Government’s commitment to reduce red tape.

10. BEVA were also concerned that Schedule 2 requirements for storage in vehicles could lead to delays in treating horses outside the practice, for example those involved in road accidents, and that this could increase suffering to the animal and the threat to human safety and traffic disruption. It should be noted that whilst current BVA guidance, which is under review, recommends that Schedule 2 drugs be stored in a locked unit, secured to the vehicle’s structure and states that a locked glove compartment is not acceptable, we appreciate that VMD guidance permits the use of a locked glove cabinet or a lockable bag, box or case.

11. The BSAVA survey found that although nearly all practices are already complying with the RCVS recommendations, regarding safe storage and informal recording, the additional requirements for full Schedule 2 status would have implications in terms of time and effort to ensure compliance. While most practices already have appropriate measure in place, because of the use of other Schedule 2 controlled drugs, some raised specific issues relating to ketamine:
   - The problems of tallying drug usage where the amount of wastage (for example in needle hubs) can often be as great as the dose given, leading to apparent discrepancies
   - The need to provide safe storage in vehicles where ketamine is taken out of the practice to provide sedation/restraint to animals that cannot be brought to the practice.

12. In light of these comments BSAVA are prepared to support full Schedule 2 status for ketamine, providing there is evidence that this change would reduce the risk or misuse of ketamine.

13. In summary, therefore, BVA would not be prepared to support the rescheduling of ketamine to full Schedule 2 status, unless there is evidence that this change would reduce the risk or misuse of ketamine. However, as noted above, BEVA do not support rescheduling to full Schedule 2 status, and would like to continue with Option 1.

Q2 Do you agree with the impact assessment for options 2, 3 and 4?

14. As the impact assessment does not identify any costs or benefits, it is difficult to answer this question. However, the impact statement does state that ‘Stricter control of ketamine is
expected to reduce the risk of crime and health harms faced by the public sector and individuals'. As stated above, we question whether there is any evidence that this is the case.

15. The impact assessment also states that ketamine can be replaced with other drugs. Although this may be the case in humans, it may not always be the case in veterinary medicine, especially for dealing with animals that are difficult to handle, for example horses.

16. In addition, although the impact assessment states that all prescribers already use computer generated prescriptions, this is not the case in veterinary practice.

Q3 Are you aware of any other impact on healthcare professionals, institutions or industry, including those resulting from application of controlled drug licensing requirements, or costs associated with prescription forms, as a result of the proposal?

17. There will costs to individual practices in relation to the extra time required for requisition and recording of ketamine as a Schedule 2 controlled drug.

Q4 To help inform the full impact assessment please quantify the additional cash cost per month of this proposal to you or your organisation.

18. We are not in a position to answer this question as the proposal would impact upon individual veterinary practices and not the BVA.

Q5 Do you agree that healthcare organisations or businesses will be able to accommodate ketamine in current storage space?

19. The great majority of respondents (97.8%) already store ketamine in a locked cabinet within their veterinary practice and so should be able to accommodate ketamine in current storage space.

Q6 In your/your organisation's view how much lead time is necessary for implementation if option 2 was adopted?

20. As noted above, the majority of practices are already complying with the safe storage of ketamine and we therefore do not consider that there would need to be a long lead-in time for option 2. However, it would be necessary to inform all veterinary practices of the changes to the legislation and their requirements, as well as ensuring that wholesalers and those who may be required to witness the destruction of ketamine are aware of the changes and have relevant procedures in place.