WVA Position Statement in opposition to international scheduling of Ketamine

Dear honourable members of the WHO Expert Committee on Drug Dependence,

Slide 1- Opening

My name is René Carlson and I am the President of the World Veterinary Association. On behalf of the global veterinary medical profession, I would like to thank you for this opportunity to present the veterinary profession’s position and concerns regarding any future initiative to restrict the availability of Ketamine by placing it in Schedule I (or even Schedule IV) of the 1971 UN Convention on psychotropic substances.

I am well aware that the review of the status of Ketamine is not your agenda today; nevertheless, the veterinary profession around world, supported also by the human medical profession, would like to take this opportunity to stress the importance of Ketamine for veterinarians in their daily practices in a variety of fields and to bring to your attention some cases where shortages of Ketamine would have immediate consequences on the health and welfare of animals and public health.
The WVA represents greater than 500,000 veterinarians across six continents through its Member associations. It is a broad global veterinary community that offers advocacy, support, and education with a variety of partners for focused global veterinary issues.

**Slide 2 – List of supporters**

My presence here today is supported not only by the testimonials of WVA Members, but also by many of WVA’s partners such as the World Small Animal Veterinary Association, HealthforAnimals (which is the global animal medicines industry), and the World Medical Association. Their input provided us with valuable information regarding Ketamine availability, use and regulatory oversight which was also submitted in annex I of the WVA written statement provided to your committee on November 6th.

**Slide 3 – Use of Ketamine in Veterinary medicine**

Ketamine is widely used to provide **anaesthesia, pain relief** and **sedation** in a full range of species under veterinary care. In use since the 1970s, ketamine is now probably the most widely used veterinary anaesthetic in the world, primarily because of its **remarkable safety**. It has a wide therapeutic window which is the difference between the therapeutic and lethal dosages. Unlike most other general anaesthetics, ketamine does not depress respiration and heart function. Many years have been invested in determining appropriate ketamine combinations for maximum safety for so many types of animals. In addition, extensive documentation has been made of the effects these compounds have on research project variables. Ketamine includes
excellent analgesic properties, and is able to be administered by virtually any route.

Unfortunately, Ketamine is often the only available safe veterinary anaesthetic and analgesic agent for some situations in both developed and developing countries, especially in remote areas where the use of inhalant anaesthetics is not possible.

**Slide 4 – Use of Ketamine in the different species**

Ketamine is used for anaesthesia and pain relief in animals kept as pets, farm animals, laboratory animals, and in wild and exotic species. This includes mammals, birds, reptiles and even fish, ranging from animals weighing a few grams to large ungulates of over 1000 kg. **It is the anaesthetic of choice for the numerous wild and exotic species whose precise physiologies are largely unknown.**

**Slide 5 – Pets**

Ketamine is widely used in small animal practice for both anaesthesia and analgesia. It is the anaesthetic of choice for most young animals where small size and limited intravenous access make IV catheterization difficult for precise dosing.

In developing countries, ketamine is essential for anaesthesia of dogs in particular where Rabies control programs take place which can require restraint of dogs for safe vaccination procedures. Without the use of ketamine much of the current work being done for dog population control and prevention of human rabies would become impossible.
resulting in potentially significant human health implications. Ketamine is also critical to feral dog/cat spay-neuter programs in many areas around the world.

**Slide 6 - Horses**

Ketamine is virtually the only induction anaesthetic agent used for horses in many countries, and in fact, it is the primary induction agent used for equine surgery in Australia. Since the majority of equine anaesthesia is conducted in the field, ketamine is the ideal drug for intravenous anaesthesia because of its high reliability and unique pharmacokinetic properties. There is little accumulation of ketamine in the body when administered for prolonged periods so there is a rapid recovery time.

**Slide 7 - Non-human Primates**

Ketamine is absolutely critical for the field of non-human primate medicine. It is essential in allowing for the safe handling of these animals, and performing health monitoring evaluations. The inability to obtain ketamine would be detrimental to the animal welfare, care, and safety for non-human primates, and would seriously hinder the ability to properly maintain them in captivity.

**Slide 8 – Unique Benefits of Ketamine**

For the time being, there are no alternatives for Ketamine in veterinary daily practice that combine its effectiveness for anaesthesia and analgesia, its good tolerability, its ease of use, its safety for all species, its use in emergency cases, and for the safety of the people involved in handling these animals.
Slide 10 – Consequences for Veterinarians and Animals

In a survey conducted by World Small Animal Veterinary Association, responses from 152 veterinarians in 33 countries indicated that the loss of ketamine access or use would have a significant detrimental effect on veterinary practice and the patients being treated, preventing the profession from being able to provide safe, cost-effective anaesthesia and analgesia and in some regions of the world, effectively pre-empting the ability to provide surgical services.

In July 2015, ketamine became temporarily unavailable in Jamaica. This sent the veterinary community virtually into a panic with some practitioners running out of supplies. It was two months before the new stock arrived. If not available, the work of veterinary practitioners would be seriously compromised, precipitating an animal welfare crisis where veterinarians would not have been able to treat conditions in the field that require at least basic anaesthesia.

Other sources inform the WVA that:

Veterinarians would find it difficult to meet the requirement of the relevant Animal Welfare acts and codes of practice from the resulting compromise of the standards of care for animals.

Equine veterinarians would find it hard to obtain an alternative to Ketamine making it difficult for the majority of practitioners to function without access to this safe and efficacious anaesthetic.
Scheduling of ketamine would restrict its availability to local veterinarians that may result in an increase in animal suffering, less ability to conduct sterilization procedures, and thus an increase in dog populations in regions where dog control is already difficult. Such restriction would also complicate the restraint of aggressive animals and risk injury or worse for the people handling them.

**In Summary:**
The WVA is fully aware of the potential public health problems caused by illicit use of ketamine and agrees with the need for narcotic and psychotropic drugs to be controlled and strictly regulated. However, these measures must be science-based and proportional, and should not unnecessarily hamper the use by veterinary surgeons that would risk the health and welfare of the animals under their care.

Based on the widespread national implementation of controlled drug access, storage, and recording regulations, it would seem the prudent platform for the management of concerns regarding product redirection of ketamine for illegal recreational use.

The World Veterinary Association (WVA) strongly opposes initiatives to restrict the availability of Ketamine by placing it in Schedule I (or Schedule IV) of the 1971 UN Convention on psychotropic substances. Such scheduling of ketamine may lead to ketamine shortages to veterinary and medical clinicians, especially in remote areas. Animal health and welfare is directly related to human health and welfare.
In this regard, the WVA supports the WHO Expert Committee on Drug Dependence which critically evaluated ketamine in 2006, 2012 and 2014 and did not recommend the placement of ketamine under international control.

**Slide 10 – Thank you! Questions?**

I thank you for your kind attention and I remain at your disposal for any questions regarding the use of Ketamine in veterinary medicine.