Dear Sir / Madam

A consultation on proposals to reschedule Ketamine under the Misuse of Drugs Regulations 2001

The Royal Pharmaceutical Society (RPS) welcomes the opportunity to respond to this consultation on proposals to reschedule Ketamine under the Misuse of Drugs Regulations 2001.

Key questions for the proposal on Ketamine:

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

Given the evidence presented and taking account of the comments and views from our members we support Option 2 - Full Schedule 2 status under the 2001 Regulations as recommended by the ACMD.

We are aware that Ketamine is not widely used in primary care, and is therefore not routinely stocked in community pharmacies. We are also aware that the majority of hospital pharmacies already treat Ketamine as a schedule 2 drug, and therefore we believe an official change to schedule 2 would not adversely impact on either the organisations or their patients.

Ketamine has the potential to cause serious harm when used illicitly, and as with other illicit drugs, the purity and quality of the drug is unknown and could be potentially mixed with other substances, increasing the risk of harm. We would support the additional controls in order to avoid diversion from legitimate sources. Additionally from a patient safety aspect we support the move to reclassify Ketamine to a higher category of control which will align it properly with other substances posing similar risks of misuse and where additional care is required in practice.

ii. Do you agree with the impact assessment of option 2?

Yes

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

Not applicable

v. Do you agree that healthcare organisations or businesses will be able to accommodate Ketamine in current storage space?

Yes - We do not envisage any issues for pharmacies. The use of Ketamine in community pharmacy is not common and the medicine is already treated as a schedule 2 controlled drug within most hospital pharmacies.

vi. Do you agree with the impact assessment of option 3?
Yes

vii. 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?

No

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

Not applicable to our organisation, but we do not envisage any significant cost implication to pharmacy

ix. Do you agree that healthcare organisations or businesses will be able to accommodate Ketamine in current storage space?

Yes, as this product is not widely used we believe that pharmacies will be able to accommodate Ketamine in current storage spaces.

Do you agree with the impact assessment of option 4?

Yes

x. 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?

No

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

Not applicable

Questions on leading time for implementation of rescheduling

xii. In your / your organisation’s view how much lead time is necessary for
implementation if option 2 was adopted?
In order to communicate any Scheduling changes and or guidance to our membership we would suggest a lead time of 3-6 months would be required.

xiii. In your/your organisation’s view how much lead time is necessary for implementation if option 3 was adopted?
In order to communicate any Scheduling changes and or guidance to our membership we would suggest a lead time of 3-6 months would be required.

xiv. In your/your organisation’s view how much lead time is necessary for implementation if option 4 was adopted?
In order to communicate any Scheduling changes and or guidance to our membership we would suggest a lead time of 3-6 months would be required.

I trust this information is helpful. Please do not hesitate to get in touch if you require any further information.

Kind regards,

Jocelyn Parkes
RPS Director for Wales

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We represent all sectors of pharmacy in Great Britain and we lead and support the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession’s policies and views to a range of external stakeholders in a number of different forums.