

Joint Advisory Committee
on Chemicals and
Medicines Scheduling.
Therapeutic Goods
Administration

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Dear Delegate of the Department of Health -TGA,

I have read the proposed changes in regards to the scheduling of pentobarbital and oppose all changes for the following reasons:

1. In addition to veterinarians, there are also individuals that have undergone the necessary training and assessment to be competent in the administration of pentobarbital for animal euthanasia [Poisons and Therapeutic Goods Act 1966, s 16{1}(d)]. These persons can include: animal researchers working in the field, council workers, welfare inspectors and animal carers in remote areas (such as those within remote indigenous communities without access to veterinarians). The implications of the proposed change of Pentobarbitone from an S4 to an S8 will have adverse ramifications for these trained personnel to access this drug (only a registered veterinarian would be able to supply it (Poisons and Therapeutic Goods Regulation 2008, s 82)) and consequently will adversely affect animal welfare. It may result in other methods of euthanasia, such as the use of firearms and blunt trauma, being pursued; which raise health and safety concerns for those attempting the task.
2. In addition to above, indigenous Australians living in remote communities have a unique bond with community dogs. Presence of injured and dying animals can have catastrophic consequences on mental health and also creates a feeling of disempowerment within the community (Phelan 2007). Access to veterinarians is usually sporadic in these remote areas and hence it is important that if scheduling is changed, there can be no deterrent or inhibition for appropriate persons within the areas to obtain access to Pentobarbital for humane euthanasia of animals.
3. In many circumstances attempting to transport terminally injured wild animals to veterinary clinics creates more animal pain and suffering and also increases the risk of injury to the handler. It is important and in the best interests for everyone that some animals are euthanised at the scene. Any amendments to scheduling should not affect wildlife carers/council rangers (that are accredited to use and keep pentobarbital) as these are the persons are frequently summoned to assist these animals.
4. Whilst every effort is made within animal shelters to rehome animals, there unfortunately are always a large number of animals needing to be euthanised due to untreatable health and behavioural conditions. In some shelters, the veterinarians share this euthanasia burden with other specially trained employees-who have authority to use Pentobarbitone, on a roster basis to minimise the emotional impact on a single staff member. Upscheduling could mean that shelter veterinarians will suddenly become the only member of shelter staff legally allowed to perform euthanasia. This will result in poor mental health and potentially increase suicidal tendencies for these persons.
5. Pentobarbital is used frequently in veterinary clinics to alleviate animal suffering and provides a humane method of euthanasia. Timely access to pentobarbital is imperative to

implementing animal welfare and this will be adversely affected if pentobarbital is reclassified to Schedule 8. Increased record keeping and documenting will equate to less time tending to animal welfare needs. It is important to note that the veterinary profession frequently provides unpaid services to injured wildlife and stray animals and some of these require euthanasia due to severe injuries/illnesses. Creating more work for veterinarians providing this under-reported and vital service will create more burden and may reduce the numbers of veterinarians willing to participate in these important community services.

6. The administrative burden on veterinarians in recording the euthanasia drug has the potential to afflict added workload and stress to a profession already burdened by compassion fatigue (Huggard 2008).
7. Quantities of pentobarbitone used is dependent on animal weight which means quantities can range from 0.5ml-300ml depending on the patient. The size of the bottle used in most practices (500ml) means that potentially large quantities could be missing without anyone noticing until the bottle near empty. This would eliminate any benefit from the onerous S8 recording procedures. Additionally, S8 recording requirements are designed to prevent ongoing drug abuse and are not best suited to preventing a 'one-off use' of pentobarbital injection for the purposes of suicide.
8. If pentobarbital injection were rescheduled there may be a decrease in the number of veterinarians willing to undertake veterinary disaster management work (e.g. euthanizing wildlife/stock affected by bush-fires) due to record keeping and fear of inadvertent inaccuracies resulting in penalty.
9. Targeting the prevention of suicides by reducing access to the drug, does not address the underlying reasons for a high suicide rate among professionals such as veterinarians and veterinary nurses.
10. Many large animal veterinarians are frequently 'on-call' and keep Pentobarbital within their cars (concealed and usually within a locked compartment). It is not realistic for these veterinarians to by-pass the veterinary clinic each time they are called out to obtain Pentobarbital from the clinic safe (especially if the clinic is in the opposite direction of their animal emergency). If up-scheduling of the drug occurs it must not inhibit these veterinarians from being allowed to store this drug within their vehicle.
11. Many clinics already keep Pentobarbitone within a safe. For those clinics that do not have safe large enough to fit the 500ml bottle, they frequently keep the drug within a locked cupboard. If scheduling is changed it would mean many clinics would have to expend a lot of money to purchase a larger safe which does not add any additional benefit when compared to it being within lockable cupboards.

Many schedule 4 drugs (and even S2 drugs such as paracetamol), if administered inappropriately, have the potential to result in death or serious injury. Paracetamol was recorded as a cause of death in 205 cases recorded by the NCIS between 2007-2017 (Cairns et al 2019) and statistically is more likely to be involved in overdose-related deaths compared to pentobarbital. The distinction between these drugs and Schedule 8 drugs has traditionally been that S8 drugs are classified as drugs of addiction. While misuse of injectable pentobarbital for suicide is a tragedy, the Advisory Committee must consider the animal welfare implications and regulatory burden associated with the proposed change. The ramifications of this change for those in the animal welfare industry are huge. There can be tighter controls on Pentobarbitone

(mandatory storage within a locked cupboard or compartment) without the need for rescheduling to a S8.

References:

Cairns, R etal (2019) Paracetamol poisoning-related hospital admissions and deaths in Australia, 2004-2017. *Med J Australia* 2019 211 (5): 218-223.

Huggard, P.K. & Huggard, E.J. (2008). When the Caring Gets Tough: Compassion fatigue and veterinary care. *VetScript*, May, 14-16.

Phelan, S (2007) Conducting Dog health Programs in Indigneous Communities: A veterinary guide. ISBN: 0 9751968 6 3 https://www.amrric.org/wp-content/uploads/2020/01/Conducting_dog_health_programs_june-08.pdf