



RSPCA Qld

**Comments on the proposed amendments to the Poison Standard – ACCS, ACMS and joint
ACMS/ACCS meetings, March 2020**

The proposal to amend the scheduling of Pentobarbital injection from S4 to S8

RSPCA Qld welcomes the opportunity to make a submission on a proposal that will have significant impact on animal welfare and how RSPCA Qld conducts its life-saving work, particularly with wildlife.

RSPCA Qld recognizes the importance of protecting human life and of preventing easy access to a dangerous drug such as Pentobarbital. In our hospitals, Pentobarbital is stored away from areas which are easily accessible to members of the public and in locked cupboards when not in use.

Detrimental effect on animal welfare

1. Under current Queensland Health rules and regulations, RSPCA Qld Inspectors and Humane Officers are approved to administer a small range of S4 drugs in the field after having undertaken a training course which includes theory and practical aspects. RSPCA Qld's training program has been benchmarked against similar TAFE courses and approved by Queensland Health. Pentobarbital and four sedatives are approved by Queensland Health to be used by RSPCA Qld's Inspectors and Humane Officers. These are all S4 drugs. The rules around how these drugs are stored and transported by our staff are laid down by Queensland Health and are strict. They are, in fact, very similar to the rules around S8 drug use by veterinary surgeons. For example, the Inspectors and Humane Officers must keep a drug book for each S4 drug in their possession and record each use. They must contact a veterinary surgeon each time they want to use an S4 drug in the field to obtain permission (and if they cannot do so they may use the drug but have the use reviewed within 24 hours by a veterinarian). The drug books are audited monthly by the RSPCA Qld Chief Veterinarian and on several occasions RSPCA Qld has been audited by Queensland Health and has always been found to be adhering to the rules.
2. RSPCA Qld runs a wildlife hospital at our Wacol facility. This is an important wildlife hospital servicing South East Queensland. We took in more than 25,000 wildlife patients in 2019. Euthanasia of wildlife is unfortunately a common outcome for wildlife patients (in the field and in the hospital). Many of the wild animals we attend have been badly injured either due to being hit by a car or attacked by a dog and there may be little that can be done to alleviate suffering except euthanasia. In addition, by law we can only treat wildlife that we feel fairly confident we can successfully return to the wild. We also have a domestic animal hospital and our shelters looked after over 27,000 domestic animals in 2019. Table 1 summarises euthanasias in the shelter and in the field in 2019.

Table 1 Euthanasia carried out by RSPCA Qld in 2019 in the field & hospitals

	In the shelter	In the field#
Domestic animals*	4,148	6
Wildlife**	15,220	245

*includes dogs, cats, rodents, horses & livestock

**includes native mammals & all birds (native and non-native)

#carried out by Inspectors and Humane Officers



3. When an Inspector or Humans Officer is called to an animal in the field, they have to assess how badly injured the animal is, how much suffering is occurring and whether treatment is possible. They may telephone a veterinarian to discuss and help with the decision. On many occasions the animal is badly injured and suffering significantly. In those instances the Inspector or Humane Officer may decide that euthanasia is the best option. The ability to euthanase immediately relies in most cases on their ability to use Pentobarbital. If they did not have that access, they would need to bring the animal to a veterinarian or back to the Wacol facility. This would have several significant corollaries, such as:
 - a. Bad welfare outcome for the injured animal as it would continue to suffer until delivered to a veterinarian.
 - i. The lifting of the animal and the transportation could easily add to its pain and definitely its stress.
 - ii. The Inspectors and Humane Officers have no pain relief drug in their approved list of S4 drugs. All they have are sedatives which will only help the animal in a minor way.
 - iii. In the case of wildlife, most veterinary clinics are reluctant to accept most species of wildlife for euthanasia (except birds). Many refuse outright to accept wild animals. Therefore these animals must be transported to the Wacol facility which could be a distance away
 - b. The prolonged pain and stress of these animals adds to the stress of the Inspectors and Humans Officers (who have these jobs because of their love of animals). Also, it adds to the stress of the members of the public who reported the injured animal in the first place and any other people who may have become aware of the issue.
 - c. There is a risk of injury to Inspectors and Humane Officers, and members of the public when trying to move certain species of animals, for example macropods and flying foxes. There is a risk of injury to staff at the hospital as well when the animal is delivered there.
4. In all urban and peri-urban areas, the use of guns for euthanasia is illegal so gunshot is not a viable alternative to Pentobarbital in most cases.
5. A large number of wildlife are euthanased in the hospital (from the above table one can estimate that it is about 40-45 animals a day). With this in mind it is difficult to imagine it being feasible for the wildlife veterinarians on duty to place the Pentobarbital back in a locked safe between every patient.
6. There is high community expectations that the RSPCA will deliver positive welfare outcomes for all "creatures great and small". This is the basis upon which we receive donations. If we cannot euthanase suffering animals quickly and efficiently when necessary we are letting down our community supporters.
7. The SA coroner dismissed the above arguments claiming that lawmakers (in our case Queensland Health) could adjust the current law to include S8 Pentobarbital onto the approved list for Inspectors and Humans Officers, thereby not negatively affecting animal welfare. This may be true but is not definite and the time frame for this change, if it occurs, is unknown. There may indeed be a reluctance to have exceptions to the laws governing S8 drugs.
8. RSPCA Qld also has a number of regional shelters that either do not employ a veterinarian on site at all or only for a limited number of days. Some of these regional shelters manage



the local council pound and they may house declared dangerous dogs as part of their pound duties. They may receive a destruction order from the council which they are legally required to action. Currently the Shelter Managers at these shelters as well as at least one other staff member undergo the same training as discussed above for the Inspectors and Humane Officers and are approved by Queensland Health. Therefore, they are able to carry out the euthanasia immediately. There may also be shelter animals that must be euthanased on humane grounds and once again, welfare will be compromised if these animals have to wait until a veterinarian visits.

Other considerations

1. S8 scheduling places many drug management demands on veterinarians besides keeping it locked in an approved drug safe. These extra provisions add no extra protection to vulnerable people but represent a significant burden on veterinarians. For example:
 - a. Unlike other S8 drugs, Pentobarbital is not a narcotic or addictive and would have little black market value. The risk of the misuse of Pentobarbital is confined to a small cohort of people affiliated with veterinary practices. The solution lies with the consideration of how to protect these people.
 - b. The recording of all use of Pentobarbital, as an S8, is unlikely to have any benefit. A monthly check (as required) to compare the volume in the bottle with that supposedly left in the bottle from the drug usage recorded in the drug record book could very well detect missing drug when it is too late.
 - c. The volume of Pentobarbital needed to kill many animals is relatively large and many veterinarians over estimate to ensure a rapid death, remembering that overdosing is not a problem. In this situation, it would be easy for a person to remove more than they use to keep “for later”, and for the amount drawn and recorded not raising any red flags.

Solutions

The important point in all of this is to protect vulnerable people associated with veterinary clinics from gaining access to Pentobarbital. RSPCA Qld agrees with this aim. We believe that it can be achieved by mandating rules around the storage of Pentobarbital. Keeping Pentobarbital in a locked cabinet when not in use should achieve the aim and protect non-veterinarians associated with veterinary clinics from being able to access the drug. The new requirement would need to be enshrined in law and audited along with S8 audits.

Conclusion

RSPCA Qld sincerely hopes that no other life is lost over the misuse of Pentobarbital. We believe that this hope can be achieved with stricter management of Pentobarbital without the need to reschedule it to S8 status.

