

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?

Please tick only one box:

Option 1	Do nothing	
Option 2	Full Schedule 2 status under the 2001 Regulations as recommended by ACMD	√
Option 3	Full Schedule 3 status under the 2011 Regulations	
Option 4	Schedule 3 status, but with exemption from the safe custody requirements	

Please explain why (maximum 100 words)

The ACMD's review indicates that ketamine is increasingly used as a drug of misuse. National Poison Information Service data shows increased enquires about ketamine misuse in the past decade. There's substantial evidence of acute and chronic harms from ketamine misuse – particularly concerning is the effects of chronic use, especially bladder damage.

Continued medical availability of ketamine is essential as there are small numbers of patients with chronic pain syndromes who respond better to ketamine than alternatives.

Schedule 2 status is essential for prevention of diversion; the risks of ketamine are of the same magnitude as other drugs in Schedule 2.

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

Please tick one box:

Yes		No	√	Don't know	
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If NO, please explain why: (maximum 100 words)

The numbers of patients who need medicinal ketamine is small and arrangements are already in place and working well across the NHS for provision of Schedule 2 drugs to patients who need these in primary and secondary care.

Not all NHS and private prescribers use computer generated prescriptions (e.g. some hospital inpatients and outpatients)

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 proposal

Please tick one box:

Yes		No	√	Don't know	
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Please provide details (maximum 100 words)

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

Please provide details of cost **per month**:

£0 - £99		
£100-£199		
£200-£299		
£300-£399		
£400-£499		
£500-£1000		
Above £1000		Please state amount: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

This question is not relevant to the BPS

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

Please tick one box:

Yes	√	No		Don't know	
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If NO, please explain why, including estimated costs to be incurred in acquiring a safe: (maximum 100 words)

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

Please tick one box:

Yes	√	No		Don't know	
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If no please explain why (maximum 100 words)

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?

Please tick one box:

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Don't know	<input type="checkbox"/>
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Please provide details (maximum 100 words)

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

Please provide details of cost **per month**:

£0 - £99	<input type="checkbox"/>		
£100-£199	<input type="checkbox"/>		
£200-£299	<input type="checkbox"/>		
£300-£399	<input type="checkbox"/>		
£400-£499	<input type="checkbox"/>		
£500-£1000	<input type="checkbox"/>		
Above £1000	<input type="checkbox"/>		
		Please state amount:	<input type="text"/>

This question is not relevant to the BPS

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

Please tick one box:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
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If NO, please explain why, including estimated costs to be incurred in acquiring a safe: (maximum 100 words)

x. Do you agree with the impact assessment of option 4?

Please tick one box:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
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If no please explain why (maximum 100 words)

xi. 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?

Please tick one box:

Yes		No	√	Don't know	
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Please provide details (maximum 100 words)

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

Please provide details of cost **per month**:

£0 - £99			
£100-£199			
£200-£299			
£300-£399			
£400-£499			
£500-£1000			
Above £1000		Please state amount: <table border="1"><tr><td></td></tr></table>	

This question is not relevant to the BPS

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?

Please tick one box:

One month		Three months	√	Six months	
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xiii. In your/your organisation's view how much lead time is necessary for implementation if option 3 was adopted?

Please tick one box:

One month		Three months	√	Six months	
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xiv. In your/your organisation's view how much lead time is necessary for implementation if option 4 was adopted?

Please tick one box:

One month		Three months	√	Six months	
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