1. **WELCOME**

Dr Van Heerden welcomed everyone to the meeting, and allowed an introductory round for all the parties present to introduce themselves. Dr Van Heerden informed the meeting that the purpose of the workshop was to share knowledge and information regarding the rules and regulations that control the actions of veterinarians, the function of veterinarians and the potential abuse with regards to highly scheduled substances, as well as to outline the functions of the South African Veterinary Council (SAVC).

2. **APOLOGIES**

Noted: That there were no apologies tendered.

3. **PRESENTATION [By Prof Naidoo]**

3.1 **Definition and explanation of veterinary anaesthesia**
3.1.1 Anaesthesia was a process of inducing local or general loss of pain (An unpleasant sensory and emotional experience associated with actual or potential tissue damage). This might or might not include loss of consciousness (The experience of sensation was widely shared by most animals);

3.1.2 General anaesthesia was a loss of consciousness with the loss of pain. Anaesthesia was a state of controllable, reversible insensibility in which sensory and motor response were both markedly depressed; and

3.1.3 Discussions as follows:
- The use of medicines had a number of benefits;
- Anaesthesia was controllable, and the animal under anaesthesia could not sense or move;
- Anaesthesia could be administered by way of either gas or injection, and the safety thereof depended on the skill of the person administering it;
- General anaesthesia was an induced condition and not a medicine. This was because no single medicine could induce general anaesthesia. It was the art of the person controlling it, and that was a veterinarian in the veterinary field.
- Opioids were divided into two categories. i) Analgesic – which were effective in controlling pain, and ii) medicines highly effective in causing the loss of consciousness without loss of pain;
- A combination of sedatives, tranquilizer and pain medications were used to induce anaesthesia. It was called a balanced anaesthesia.
- Unfortunately, using an anaesthetic might, at times, result in a demise even though a person was not at fault.

3.1.4 Terms in Anaesthesia

a) Premedication:
- Premedication was actually a misnomer because the animal was already being treated. Medicines could be administered prior to the main aesthetic medicine. For example, when it came to wildlife it was very difficult to dart an animal with premedication, and then dart the same animal again with an induction agent;

b) Induction
- Induction was the actual anaesthetic phase. It consisted of a concoction of medicines which included premedication were used when anaesthetising animals.
- Induction agents put the animal to sleep directly, e.g. highly potent opioids;

c) Maintenance
- Depended on the medicines to maintain the patient under anaesthesia.

d) Recovery
- Recovery was dependent on the patient

In wildlife, however, it was generally impossible to premedicate the animal and wait for the induction. Everything was given in combinations [commonly known as Dart Cocktails], a compounded mixture of medicines. The compounding of medicines was a veterinary restricted procedure, and only veterinarians may compound.

3.1.5 Signs and Stages:
- **Stage I: Voluntary excitement**
  - Animal was excited because it is aware that it has been darted.
- **Stage II: Involuntary excitement**
  - Animal was very excited but succumbing to the medicine.
- **Stage III**
  - Plane I
    - Very light anaesthesia, the animal could move and had reflexes.
  - Plane II
  - Plane III
  - Plane IV
    - Very close to death, had to be closely controlled by a veterinarian.
Stage IV: Death
Dangerous medicines required care and diligence from a veterinarian. A slight overdose might result in the killing of an animal. These medicines were extremely unsafe medicines which required great skill and care to administer.

3.2 Medicines commonly used in wildlife

3.2.1 Medicines Used in Immobilisation

- Tranquilizers: Azaperone, haloperidol, zuclopenthixol, perphenazine
- Sedatives: Medetomidine, Dexmedetomidine, Xylazine
- Opioids: Butorphanol, Etorphine, Fentanyl, Thiafentanyl, etc
- General Anaesthetic Agents: Halothane, isoflurane, ketamine

Medicines were highly controlled because they are unsafe. Classes of medicines were sedatives and tranquillisers. This medicines left one in a state of less anxiousness, one was disassociated from the environment;
- Sedatives normally left one in deep sleep;
- Opioids were general anaesthetics. These medicines were highly concentrated and dangerous; and
- General Anaesthetic Agents were medicines used to keep animal asleep for longer periods.

3.3 Rules determining veterinary functions

3.3.1 Control of Veterinary Medicines

- **Medicines and Related Substances Control Act: Act 101/65** [the “Act”]
  - administered by the DOH
  - Controls use, sale, manufacture and advertising
  - Met international conventions
  - Follows Good Pharmacy Practice
  - Medicines controlled by schedules
    - Tranquilizers, sedatives and anaesthetics are S5
    - Opioids are S6
    - Restricted for use by a veterinarian, in accordance with professional scope of practice [22A(16(c))]

3.3.2 Discussions as follows:

- Medical doctors may not prescribe veterinary medicines;
- In theory a medical doctor may treat his own animals but not for gain;
- There was a grey area in the interpretation of the various relevant Acts;
- There was no sub-categorisation of scope of practice for veterinarians;
- In theory a veterinarian is not restricted in dealing with small or large animals;
- No person may have scheduled medicines in their possession unless authorised in terms of the Veterinary and Para-Veterinary Professions Act, 1982;
- Stable owners in possession of schedule 5 medicines are doing so in contravention of the Medicines and Related Substances Control Act, 1965 and were in illegal possession of medicines; and
- In most instances, horse owners were not even aware of the stable owners’ possession of the medicines.

3.3.3 Veterinary Scope of Practice

- **Veterinary and Para-veterinary Professions Act (Act 19 of 1982)**
- Controlled by rules of the profession
  - Rule 2: Services pertaining to the veterinary profession: Chemical restraint of an animal, which included general, standing, and/or regional anaesthesia, as well as chemical immobilisation of an animal.
  - Rule 10: Use of Veterinary Medicines: To tranquillise, sedate, chemically immobilize or anaesthetize wildlife, any schedule 5 or 6 substance had to be administered by a veterinary professional personally.
3.3.4 Discussions as follows:

- A veterinarian was not permitted to prescribe for a layperson, in order for that layperson to anaesthetise an animal;
- Leaving medicines in the hands of a layperson could cause irreparable harm. A layperson, in all likelihood, would fail to properly control the medicine or the destruction thereof. The highly scheduled medicines were highly potent. Even an empty bottle, when filled with water, could be enough to sedate a person. These medicines were often used in date rapes;
- Part of a veterinarian’s duties was to monitor the whole process of anaesthetising an animal;
- The major problem with the Medicines and Related Substances Control Act, 1965 was that the rules relating to the destruction of medicines were not comprehensive enough and that was a common failure in compliance;
- There should be a regulation that deals succinctly with the destruction of medicines;
- Currently, empty bottles were destroyed by destruction companies who employ pharmacists who were responsible for the destruction thereof;
- The actual administration of a medicine was a veterinary-only procedure in wildlife. A veterinarian did not have to administer the anaesthesia personally in other species. A veterinarian must, however, be available to supervise the procedure.
- Rule 28 was problematic as it stands currently, as it did not provide a clear description of what was a trained non-registered person. In essence, everybody had to attend a course on anaesthetising animals. The SAVC had to look at developing and maintaining a course that trained people on anaesthesia;
- A definition of a trained non-registered person had to include that the person had to be a duly qualified person;
- Registered veterinarians should attend certificate courses or refresher courses on anaesthesia every five years to maintain their registration, as was currently the practice in some countries;
- Veterinarians who failed/omitted to attend courses could be struck off the register. The Council already had ways and means to enforce this through Continued Professional Development (CPD).

3.4 Legal procedures in place to deal with illegal users of highly scheduled wildlife anaesthetics/ immobilization medicines

3.4.1 Legal

- Illegal possession
  - Medicines indicated for illegal purposes
  - Medicines purchased illegally
  - Act 101/1965
- Illegal Prescriptions
  - Illegal prescription of non-prescription medicines
  - A veterinarian liable in terms of Act 19/1982

3.4.2 Discussions as follows:

- The possession and use of medicines were controlled by the Act;
- It was illegal for a layperson to be in possession of any schedule 3 or higher scheduled medicines;
- A professional could only prescribe that which was in their scope of practice;
- The Act is a national Act, and stated that veterinarians may prescribe in their scope of practice. In essence, Medicines and Related Substances Control Act, 1965 must be read together with the Veterinary and Para-Veterinary Professions Act, 1982;
- Leaving highly schedule medicines [i.e. Schedule 5 medicines] in the hands of laypersons with instructions to use as and when required was unprofessional.
A veterinarian was not allowed to prescribe for unknown future use. A prescription had to be issued with a specific patient in mind and the veterinarian had to have seen the patient, as the veterinarian needed to be in control of the prescription or the use of the product;

- The presence of a veterinarian was not necessary when tranquilising an animal;
- There was a need for the use of tranquilisers by non-veterinary professionals.

4. PROBLEM STATEMENT

a) The SAVC was currently experiencing problems when it came to having laypersons arrested for the contravention of the Veterinary and Para-Veterinary Professions Act, 1982;

b) The police was not properly trained to deal with complaints filed with them.

c) Even if the investigation was successful and the matter was referred to court, the prosecutors and magistrates were not sensitized to deal with the matter satisfactorily. Most were not even aware of the existence of the Veterinary and Para-Veterinary Act, and how it inter-connects with the Medicines and Related Substances Control Act, 1965;

d) In order to address the challenges faced, Council was in a process to enact the Veterinary and Para-Veterinary Amendment Act, 2012, Act 16 of 2012 (the Amendment Act), with the exception of clauses 3 and 5 which relate to Compulsory Community Service. The enactment of the Amendment Act will confer Council with the necessary investigatory powers which it currently lacks.

DISCUSSIONS AS FOLLOWS:

- The NPA was out of its depth when it came to understanding medical terms as it does not generally deal with contraventions of the Veterinary and Para-Veterinary Act, 1982, as well as with contraventions of the Act. The NPA, however, understood the challenges faced by Council;
- There was a need to train prosecutors in terms of the handling of SAVC matters;
- The NPA should be provided with a test case in order to gain knowledge regarding SAVC matters;
- The NPA acknowledged that most magistrates are selective regarding the cases they heard, and undertook to liaise with the Chief Magistrates of Pretoria and Johannesburg in order to sensitize them about SAVC matters and to attempt to get a dedicated magistrate for the respective jurisdictions;
- The NPA would request that a number of magistrates and prosecutors were trained in dealing with SAVC matters. Furthermore, Directors of Public Prosecutions around the country should be made aware of the challenges faced by the SAVC;
- The NPA requested that they be invited as observers during a few inquiries against veterinarians in order to gain more knowledge and understanding of SAVC matters;
- Council was urged to create a smaller workshop with the NPA for the purpose of sharing knowledge and information;
- Council should utilize the investigation tool provided for in section 28 of the National Prosecuting Authority Act, 1998, Act no 32 of 1998;
- Provincial Directors of Prosecution might be approached for assistance in matter throughout the country;
- It was advisable to approach the NPA with any matter prior to approaching the SAPS;
- If a matter dealt with forensics, then it was prudent to approach SAPS forensics department for investigations. It was also important for the SAVC to have some of its members joining the SAPS forensics department in an effort to build capacity;
- The MCC also informed that they were facing the same plight as the SAVC. The first hurdle was to get past a sergeant who, in most cases, felt that their matters were not a priority and then also to move to educating the prosecutors and magistrates with regards to the Veterinary and Para-Veterinary Professions Act, 1982; and
Another major concern was how to regulate medicines that were imported illegally and whether these could be traced. It transpired that most of the medicines that entered the country illegally were almost 100% traceable to its country of origin. The medicines were sometimes unaccounted for at border points and that made it difficult to trace.

5. CONCLUSION

The chairperson thanked everyone who attended the meeting, and remarked that it was a humble beginning which left all involved with homework to do. In addition, the chairperson undertook that the SAVC will once again seriously deliberate the issue of training veterinarians, as well as non-veterinarians in the use of highly scheduled medicines.