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Counsel for the Veterinary Profession

What's Mine is Yours, What's Yours is Mine? True for Pet Medications?

Lukas Kawalilak, DVM Candidate 2013
Veterinary Business Advisors, Inc.
Flemington, NJ (908) 782-4426
www.veterinarybusinessadvisors.com

Introduction

The notion of human consumption of veterinary drugs, whether for recreational use or otherwise, is not a new concept. Reports of humans abusing veterinary medications such as Telazol[1] (a small-animal anesthetic drug), skeletal muscle relaxants[2], and various euthanasia solutions[3] can be found going back to as early as 1988. According to the National Poison Data System, toxicity related to ingestion of veterinary non-steroidal anti-inflammatory drugs used to treat inflammation, pain, and fever in pets resulted in 825 reported cases in humans in 2007.[4] Most of these poisonings were unintentional, though 32 were considered suspected suicide, misuse, or abuse.[4] The ages of the victims ranged from six months to 88 years, with no deaths reported.[4] The need for increased awareness of the potential hazards of veterinary medications within human medicine circles has also been recognized.[5] A 2010 article identified a number of pharmacologics with deadly side effects, principally those involved in chemical restraint and hormonal manipulation, plus antibiotics as drugs that human emergency rooms should be vigilant in identifying and reporting.[5]

All of these facts point to an increased need for veterinarians to be more vigilant about the ways in which they dispense medications, as well as wield their prescription pad. There are a number of simple steps that veterinarians can take to protect themselves, their clients, and their patients.

An Ounce of Prevention

In 2009, 31,758 (76 percent) of the 41,592 poisoning deaths in the United States were unintentional.[6] In fact, unintentional poisoning death rates have been rising steadily since 1992. Between 2004 and 2005, an estimated 71,000 children (≤18 years of age) were seen in emergency rooms each year because of medication poisonings (excluding abuse and recreational drug use); over 80 percent were because an unsupervised child found and consumed medications.[6] Among children, emergency room visits for medication poisonings are twice as common as poisonings from other household products such as cleaning solutions and personal care products.[6] These statistics are hard to ignore as a provider of multiple types of medications to your clients, many of whom have children.

Veterinarians are typically comfortable with advising clients about the possible side effects of the medications they administer to their patient/animals. They are less familiar or comfortable with discussing the risk of pet medications when they get in the hands of children. This results in a conundrum: how extensive should your discussion about a medication's effects on humans be, and about which drugs? For instance, if your client's child swipes one of Fido's 250mg cephalexin tabs from the counter, they are unlikely to suffer any serious side effects. A phenobarbital tablet, on the other hand, is a much more serious manner. The best way to deal with this dilemma is to simply work in a generalized human risk sentence while explaining possible animal side effects. For example "Mr. Smith, while on this antibiotic, amoxicillin, Bruiser may encounter some vomiting, diarrhea and, in very rare circumstances, seizures. It is important that you understand that this drug is not intended for human consumption and can have serious implications if inadvertently consumed by a child or adult". For the classes of drugs that have narrow therapeutic indices, such as phenobarbital, chloramphenicol, and high-dose steroids, one will want to take special care in emphasizing the risks to clients because the dangers can be that much more significant.

It also helps to have someone counsel clients on the proper methods of giving medications. Whether this advising is done personally by the veterinarian or delegated to a technician, equipping clients with the tools they need to medicate their animals safely decreases the risks of toxicity for both the animal and any children in the home. Part of the protocol taught should include having everything to medicate the animal ready before opening the pill bottle. An open bottle of pills left on the counter while the client is getting a piece of cheese to hide the medication in can be quickly swiped by a child or even the animal itself. Therefore, suggest that clients should take out the specific amount of medication needed, and then immediately reclose the bottle.

Having medications filled with flavorings that animals like but humans may not is another viable way to prevent potential abuse. This can be done by ordering the appropriately flavored medications for your clinic or writing specific instructions on any prescriptions given to clients. This method of dispensing medications may also have the positive spinoff of increasing owner compliance since pets will be more receptive to being medicated.

Finally, one of the easiest ways to prevent poisonings is to dispense medications in child-proof pill bottles. At a marginal increase in cost over other bottles or paper envelopes, child-proof containers provide another layer of security in preventing little hands or paws from accessing the potentially toxic substances inside.

When to Suspect Abuse

Unfortunately, many veterinary medications can be purposely abused by humans. Some of these drugs include opiate-based painkillers, like tramadol, and behavior-modifying benzodiazepines, like diazepam. It is important for both veterinarians and their staff to recognize signs that a client may be consuming their pet medications. These may include:

-Asking for higher doses of the medication. If a client is abusing a medication, his or her body slowly develops a tolerance, making the original dose dispensed to the pet insufficient for the client. These requests are often accompanied by complaints that their pet's condition is getting worse, and will only get better with more of the drug in question.

-Decreased time between refills. The owner comes in earlier and earlier for refills on the pet's medications. The reason for each successive return often becomes more bizarre. Excuses found on the VIN message boards have included losing the medication bottle, having the bottle stolen, having a relative use the medication for his or her own pet, and putting the medication bottle in the wash.

-Signs specific to drug addiction. For instance, an owner using his or her pet's thunderstorm prescription of diazepam may have dilated pupils.

What to Do When You Suspect Abuse

It is very important for the practitioner to tread lightly in these circumstances, since a false accusation could result in lawsuits and more. Documentation is key.

First, a frank discussion with the client may head off any potential problems with abuse. It is important not to be accusatory or back the client into a corner during this conversation. Ask open questions that allow that client to reveal to you his or her reason for requesting additional refills. These can include "What makes you feel that Fido needs more medication? Why do you think that you have had so many mishaps with these pills bottles? Based on what you have told me and your behavior, I have reason to suspect that you may be taking Fido's medication."

Another avenue to pursue involves phoning local area pharmacies and veterinarians to see if they have had any contact with the client. This strategy can be helpful because addicts often "game the system" by obtaining prescriptions from multiple providers to feed their habits. (Recognize, though, that these requests will be subject to your local jurisdiction's policies regarding confidentiality and may not always yield helpful information.) If, through conversations with other professionals, you find a pattern of abuse, you have appropriate grounds to question the client regarding his or her behavior. When the client comes in to request a refill, you can then ask, "Can you explain why you are getting the same prescription at multiple clinics/pharmacies?" A statement in the client's file stating, "Client also receiving [drug] from [hospital/pharmacy B] and did not disclose this" will be enough documentation on your part.

A consistent clinic policy regarding refill of medications is also crucial. One good example is only refilling a pet's medication the day or two before it is due to run out. Not dispensing large amounts of medication (e.g., no more than 2 weeks' to 1 months' worth at a time) is another way to limit the amount of habit-forming medications you release to patients. If the owner claims the bottle was stolen, ask them if he or she filed a police report. Depending upon your policy, you may allow owners one 'freebie' and refill a prescription if they state the previous has gone missing; this should be well documented in the medical records, with the date and reason for the refill clearly stated. Any more than one refill should definitely arouse suspicion.

Next, insist that you see that animal before providing any more refills. In examining the animal you can personally assess if the owner is correct in his or her judgment that the pet requires additional medication. This also gives you the opportunity to suggest different types of treatment that do not involve a potentially addicting drug; in the case of chronic pain, an NSAID like meloxicam may be more appropriate than the possibly habit-forming tramadol for the animal. For a behavior-related disorder that requires diazepam, ask the client to videotape the behaviors and offer to refer the client to a behavior specialist; honest clients may not be recognizing signs and symptoms indicating a problem not being solved by medication.

An astute practitioner can often realize when the situation calls for outside help. Calling the local authorities or the Drug Enforcement Agency (DEA) for advice on dealing with clients taking controlled substances intended for their pets is a viable option if you feel you have dealt with the situation to the best of your abilities.

Finally, if you feel as though you have exhausted every avenue to continue treating the animal, it may be time to terminate the veterinarian-client patient relationship (VCPR). This is a major decision that must not be taken lightly; a veterinarian must also take into consideration the condition of the animal to try to avoid being accused of patient abandonment. Documenting the discussion with the client upon terminating the VCPR, as well as articulating the reasons why is key. This information should be placed in the animal's medical record.

Federal Level Oversight

In addition to methods you and your clinic staff can take to prevent abuse of veterinary drugs, the federal government, through the DEA, has developed a program to limit the amount of controlled substances made available to veterinary clients. A DEA manual available online helps practitioners by listing some safeguards that can be taken to prevent the diversion and abuse of controlled substances.[7] One of the most important parts of the manual is the classifying of controlled drugs into a number of categories or "schedules," depending upon the danger posed

by the drug.[7] It also explains registration, recordkeeping, and valid prescription requirements, which will be summarized below:

Title 21, CFR Section 1301.71(a) of the Controlled Substances Act requires that all registrants provide effective controls and procedures to guard against theft and diversion of controlled substances.[7] Practitioners are required to store stocks of Schedule II through V controlled substances in a securely locked, substantially constructed cabinet.[7] The DEA also restricts practitioners from employing anyone who has potential access to controlled substances if they have:

1. Been convicted of a felony offense related to controlled substances
2. Been denied a DEA registration
3. Had a DEA registration revoked
4. Surrendered a DEA registration for cause

Lastly, practitioners must notify the DEA, upon discovery, of any thefts or significant losses of controlled substances by completing DEA Form 106 within one business day.[7]

In addition to the required security controls, practitioners can utilize additional measures to ensure security. These include:

1. Keeping all prescription blanks in a safe place where they cannot be stolen and minimizing the number of prescription pads in use.[7]
2. Writing out the actual amount prescribed in addition to providing a numerical designation to discourage alterations of the prescription order.[7]
3. Using prescription blanks only for writing a prescription order and not for notes.
4. Never signing a prescription blank in advance.[7]
5. Assisting pharmacists when they telephone to verify information about a prescription order; a corresponding responsibility rests with the pharmacist who dispenses the prescription order to ensure the accuracy of the prescription.[7]
6. Contacting the nearest DEA field office regarding suspicious prescription activities.
7. Using tamper-resistant prescription pads.[7]

Each practitioner must maintain inventories and records of controlled substances listed in Schedules I and II separately from all other records maintained by the registrant.[7] Likewise, inventories and records of controlled substances in Schedules III, IV, and V must be maintained separately or in such a form that they are readily retrievable from the ordinary business records of the practitioner.[7] See the online manual for a detailed description of the 6 different parts needed to have a complete controlled drugs log. All records related to controlled substances must be maintained and be available for inspection for a minimum of two years.[7] It is important to note that inventory requirements extend to controlled substance samples provided to practitioners by pharmaceutical companies.[7]

Other Examples of Safeguards – The Canadian Province of Alberta

The Triplicate Prescription Program (TPP) is administered by the College of Physicians & Surgeons of Alberta, and works in cooperation with pharmacists, dentists and veterinarians to track the use of certain drugs with potential for misuse or abuse.[8] This program allows for recording and traceability of all transactions involving a wide variety substances of concern, with special attention to all drugs or substances listed in Schedule F, Part 1 of the Canadian Food and Drug Regulations.[8] Physicians, dentists, and veterinarians from Alberta must register with the TPP and use special three-part prescription forms to prescribe TPP medications. The TPP forms are personalized with the veterinarian's individual information and the veterinary practice location. The veterinarian writes a prescription using the triplicate form, keeping two copies in the office if the medication is filled and dispensed in-house, or filing one copy in the medical record and giving the other to a client to fill the prescription. The third copy is sent to the Alberta College of Pharmacists and entered into a database. Reports are generated and analyzed on a monthly basis to monitor prescribing rates for the TPP medications. Prescribing patterns are monitored and statistical reports are also maintained. Special letters are sent to prescribers when prescribing patterns are seen as unusual. The primary prescriber is required to respond to the letter by providing a rationale for any unusual prescribing patterns identified. This request is not intended to suggest that prescribing is inappropriate. This system ensures that veterinarians are aware of how their prescriptions are being filled (if not in-house), and provides another system to flag potential abusers of veterinary drugs.

Conclusion

At the end of the day veterinarians have an obligation to the public to use their power to prescribe wisely and effectively. While many of the medications we dispense on a daily basis have the potential to cause severe toxicity in humans, we can mitigate the risk with a number of simple precautions. By enacting these safeguards, veterinarians can continue to be good stewards of the trust given to us by the members of the public.

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