

**From:** [Sunset Advisory Commission](#)  
**To:** [Trisha Linebarger](#)  
**Subject:** FW: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Monday, November 14, 2016 3:40:06 PM

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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Monday, November 14, 2016 3:36 PM  
To: Sunset Advisory Commission  
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: STATE BOARD VETERINARY MEDICAL EXAMINERS

First Name: Pamela Lee

Last Name: Barlow, DVM

Title: Veterinarian, Small Business Owner, Employer

Organization you are affiliated with: Bowie Pet Clinic --- Private Practice

Email:

City: Bowie

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

Re: The Lost/Stolen Chart on page 25 --- in response to Issue 3:

This chart is skewed by the very fact that it is reported in "Dosage Units" instead of milligrams or milliliters for equivalence. Due to the size of the majority of our patients, the milligram strength of individual tablets is often many times less than a single human dose of the same medication. One single human tablet may be the equivalent total milligrams of 10, 20, or more Veterinary tablets. The same is true of injectables, where it may take 1cc for a human dose, but 1/10th or 1/100th of a cc for a single Veterinary dose.

This chart is also skewed by the fact that most Veterinarians are honest, law abiding, and most important --- self-reporting. Because we log controlled drug use daily, it is easy to see if 10, 20, or more Veterinary size pills are missing for even a single employee dose. Employee pilferage results in immediate firing, usually the employee is reported to the local authorities, and an incident report being filed listing the pilferage or loss. This self-reporting should be viewed as a positive instead of a negative.

Finally, as a profession we have received a variety of answers to our queries about the proper disposal of expired controlled drugs through the years --- from "witnessed" flushing them down the toilet, to turning them in at a local pharmacy, to using a sharps container and a disposal service. It is entirely possible that drugs disposed of by "appropriate" methods were called "missing" and reported by inspectors that felt the disposal method we were advised to use was improper.

Any Alternative or New Recommendations on This Agency: The Agency needs to ascertain exactly by name the drug and the dosage of all the reported Lost/Stolen "Dosage Units" that comprise the chart on page 25. Only then can a reasonable person properly assess the meaning of this chart, and any danger to the public it might suggest.

My Comment Will Be Made Public: I agree

**From:** [Sunset Advisory Commission](#)  
**To:** [Trisha Linebarger](#)  
**Subject:** FW: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Wednesday, November 09, 2016 1:28:11 PM

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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Wednesday, November 09, 2016 1:16 PM  
To: Sunset Advisory Commission  
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: STATE BOARD VETERINARY MEDICAL EXAMINERS

First Name: Pamela Lee

Last Name: Barlow, DVM

Title: Veterinarian, Small Business Owner, Employer

Organization you are affiliated with: Bowie Pet Clinic --- Private Practice

Email:

City: Bowie

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

I, as well as every Veterinary colleague that I have had conversation with about this Sunset review, am very concerned about the societal opioid and other abused prescription drug epidemic that I see in my small town community, and that has harmed so many individuals and families. That said, it is impossible to mitigate a problem by further regulation of entities not intrinsically responsible for the overall problem. Simply put, Veterinarians can not be responsible for the diversion of drugs that we do not dispense or prescribe for our patients.

In reviewing lists of abused prescription drugs, and discussing these lists with others more knowledgeable than myself, including a TAMU-CVM pharmacologist and MD's, I have learned that the progression of abuse is often from ADHD drugs in childhood to amphetamine/methamphetamine, and from prescribed hydrocodone/oxycodone to diverted "street" hydrocodone/oxycodone and heroin.

Of the controlled drugs most commonly prescribed or dispensed by Veterinarians to treat animal patients --- alprazolam, buprenorphine, butorphanol, phenobarbatol, and tramadol --- only tramadol is significantly represented in diversion/abuse. Plus, these medications are routinely used for a limited few days duration and in very small doses due to the small size/weight of the majority of our patients.

Concerning tramadol specifically, use of this medication in Veterinary medicine is in significant decline. Recent published research has demonstrated that this drug is metabolized differently in our patients than in humans, and does not provide the pain relief we expected. Therefore, as a profession, Veterinarians are moving to newer and more effective NSAID's which provide pain relief with zero risk of diversion and abuse --- which I understands mirrors the current direction of most MD's in the treatment of chronic pain.

To reiterate, as a profession we are acutely aware of the prescription drug diversion/abuse problem, and Veterinarians will not be enticed to become a part of the problem by requests from clients for drugs we do not

routinely dispense or prescribe. I ask that you consider all the above and decide against adding additional layers of reporting that will cost time, money, and jobs across the Veterinary profession and within the enforcement agency, and provide no appreciable return for that investment.

Any Alternative or New Recommendations on This Agency:

- 1) As a law abiding Veterinarian, I request that TBVME, especially the investigative and enforcement branch, adopt the default perspective that all licensees are innocent until proven guilty. I am aware that there are occasional bad actors in any field, but overall interaction between a licensing board and its licensees need not be adversarial to be effective.
- 2) Because it is the mandate of the TBVME to protect the public, I request that avenues of oversight and disciplinary action be investigated to allow TBVME to have greater ability to protect the public from non-educated, non-professional, and non-licensed individuals who offer to diagnose and treat animals for the public. The harm that those practicing medicine without a license present to a trusting public is significantly greater overall than rare harm by any licensee.
- 3) Veterinarians are doctors trained in a niche or specialty that represents a very diverse field of medicine. This field includes medicine, surgery, radiology, pharmacology, dentistry, obstetrics, oncology, allergy, cardiology, pediatrics, orthopedics, emergency medicine, gerontology, etc, across many diverse species. --- and that's just the morning appointment schedule. Without proper training and background experience, investigators can not possibly understand and evaluate the nuances of Veterinary practice as it occurs in the field. Therefore, it is imperative that enforcement administrators and investigators within the TBVME have, at a minimum, the experience and training of a Certified Veterinary Technician, and not be simply hired and utilized from other various boards and agencies because of their administrative credentials.

My Comment Will Be Made Public: I agree