

From: [Sunset Advisory Commission](#)
To: [Trisha Linebarger](#)
Subject: FW: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Tuesday, November 01, 2016 4:39:16 PM

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From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Tuesday, November 01, 2016 4:37 PM
To: Sunset Advisory Commission
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: STATE BOARD VETERINARY MEDICAL EXAMINERS

First Name: Elizabeth

Last Name: Garriott

Title: Dr.

Organization you are affiliated with: Marion Animal Hospital

Email:

City: Luling

State: Texas

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

I am writing in regards to the proposed requirement for veterinarians to log all controlled drugs dispensed into a state run database. My understanding is that this requirement is a response to the nationwide opioid abuse epidemic. While I know that this is a serious, growing problem, and there are some issues with diversion of veterinary medications, I don't believe veterinarians are contributing to the human opioid problem.

1. For the most part, veterinarians do not handle the drugs abused by humans.

The only oral controlled drugs dispensed by most veterinarians are tramadol, butorphanol and phenobarbitol. To my knowledge, these are not extensively abused. We will occasionally script out hydrocodone for coughing in dogs. With the recent increase in scheduling, Hydrocodone use has decreased. It seems reasonable that the dispensing pharmacy should report it as it is dispensed. The majority of controlled drugs in veterinarians' possession are injectables administered to individual patients in hospital for pain control and anesthesia.

I think many clinics have had clients who have attempted to refill Tramadol more often than medically indicated, and have cut those clients off. I don't see where logging these refills into a state database will change these attempts. If these people are getting cut off and going to new clinics, they will eventually learn to use different names and pet names to skirt the system. I cannot see how a database can be monitored closely enough to detect the duplicates. These are better detected in the clinic at a local level.

Most clinics are cognizant of the issue and monitor for abuse.

Butorphanol is uncommonly abused in people. With the very low doses that we carry, someone would have to take several to get any effect, and they are expensive.

Veterinarians check blood levels for phenobarbitol in patients every 6-12 months. If a patient is on a reasonable dose, and levels are low, question are asked.

The commonly abused opioids in people are ineffective in our veterinary patients due to differing liver metabolism.

2. Veterinarians already have a system in place to track controlled drugs. We all have a log of inventory on hand, log any incoming inventory and, log each dose as administered or dispensed. Most clinics I have worked at conduct a total drug count every 1-2 months to detect whether the log matches the inventory on hand. Any discrepancies as detected. A duplicate system will not improve accuracy.
3. The majority of abuse of veterinary drugs, while likely small, comes in the form of theft during a break-in or theft/use by a veterinary employee or veterinarian. Theft via a break in will not be changed by a new logging system. Theft by veterinary employees is generally detected when inventory is counted. I have heard of clinics announcing a "random" drug test after a shortage is detected. This generally results in the guilty employee quitting and then a course of action pursued for reporting or prosecution. Abuse by veterinarians is likely already being covered up by falsifying records This would only continue with a new system. I believe this is uncommon but I know it does happen.
4. The human logging system is not appropriate for veterinary patients. Do we provide the patient's birthday or the client's? We know the birthday of very few of our patients. This is something that can be easily falsified. If we are using the owner's birthday do we need the birthday of every owner/family member? Do we need to verify this with ID? If the neighbor drops off the pet or pick up medications do we verify and log their birthday? This will involve a lot of people as we sedate many patients a day. Many will view this as an invasion of privacy.
5. The extra logging requirements, especially with the detail needed in the database, will tie up staff and potentially require extra staff, in some practices. Most clinics operate with a minimal staff to keep costs low. The cost of the additional regulation will have to be passed along to clients.

I am opposed to the proposed new regulation regarding controlled drug logging as I do not feel it will impact the current drug epidemic. I believe the majority of veterinarians use the system in place and comply with the current laws. Any currently skirting the laws (veterinarians, staff or clients), will continue to do so. The system in place is not designed for and is not appropriate for our veterinary patients. The additional cost of the new regulations will have to be passed on to our clients and will show no real benefit, in the long run.

Respectfully,
Elizabeth Garriott, DVM

Any Alternative or New Recommendations on This Agency: The current system in place for logging all incoming and outgoing controlled drugs is sufficient for veterinarians.

My Comment Will Be Made Public: I agree