In the face of the opioid epidemic, which is killing more people than car crashes, veterinarians must be vigilant to prevent abuse. Veterinarians with a DEA registration can dispense and prescribe controlled substances. In multi-doctor practices, other veterinarians are often extended that privilege with the approval of the DEA registration holder. Should an issue arise, the DEA registrant will be held responsible and may face discipline by this Board and the DEA.

What are common ways that opioids might be abused in veterinary practice? Diversion by a veterinarian or staff member is real. Careful review of controlled substance orders, inventory, and dispensing logs are most likely to detect this issue. Access to the lock box should be limited to as few people as possible. The owner(s) of the practice are legally required to report suspected diversion by licensed employees to law enforcement. Excessive prescription writing to outside pharmacies, especially for multiple pharmacies is a concern. This request might be for a client, a veterinarian or staff member’s pet, or horse, or prescription shopping by a new client. The “doctor shopper” typically presents an animal with ongoing need for pain medication, seizure control or anxiety. Lost medication, medication left at the cabin, or owner administration above prescribed amounts should prompt further review.

Does a large quantity really need to be dispensed for chronic use or “to have on hand”? Probably not. Dispensing or prescribing a controlled substance for an animal from a kennel, herd, or stable should be done very carefully, especially if there is no secure place to keep that medication.

The following true example illustrates these points: A veterinarian dispensed a large amount of injectable opioid for a horse at a multi-horse stable. What was the indication for this drug that it should be entrusted to a lay person? An outwardly fine young person at the stable subsequently attempted suicide by self-injection of this Schedule IV controlled substance. Overdose of this drug causes stupor progressing to coma, airway obstruction, pulmonary edema, bradycardia and death. The individual was rushed to a Level 1 trauma center by ambulance, and thankfully survived. The veterinarian must be accountable for the dispensing choice and must live with the knowledge that death was narrowly averted.