



Impact of Opioid Shortages on Veterinary Medicine

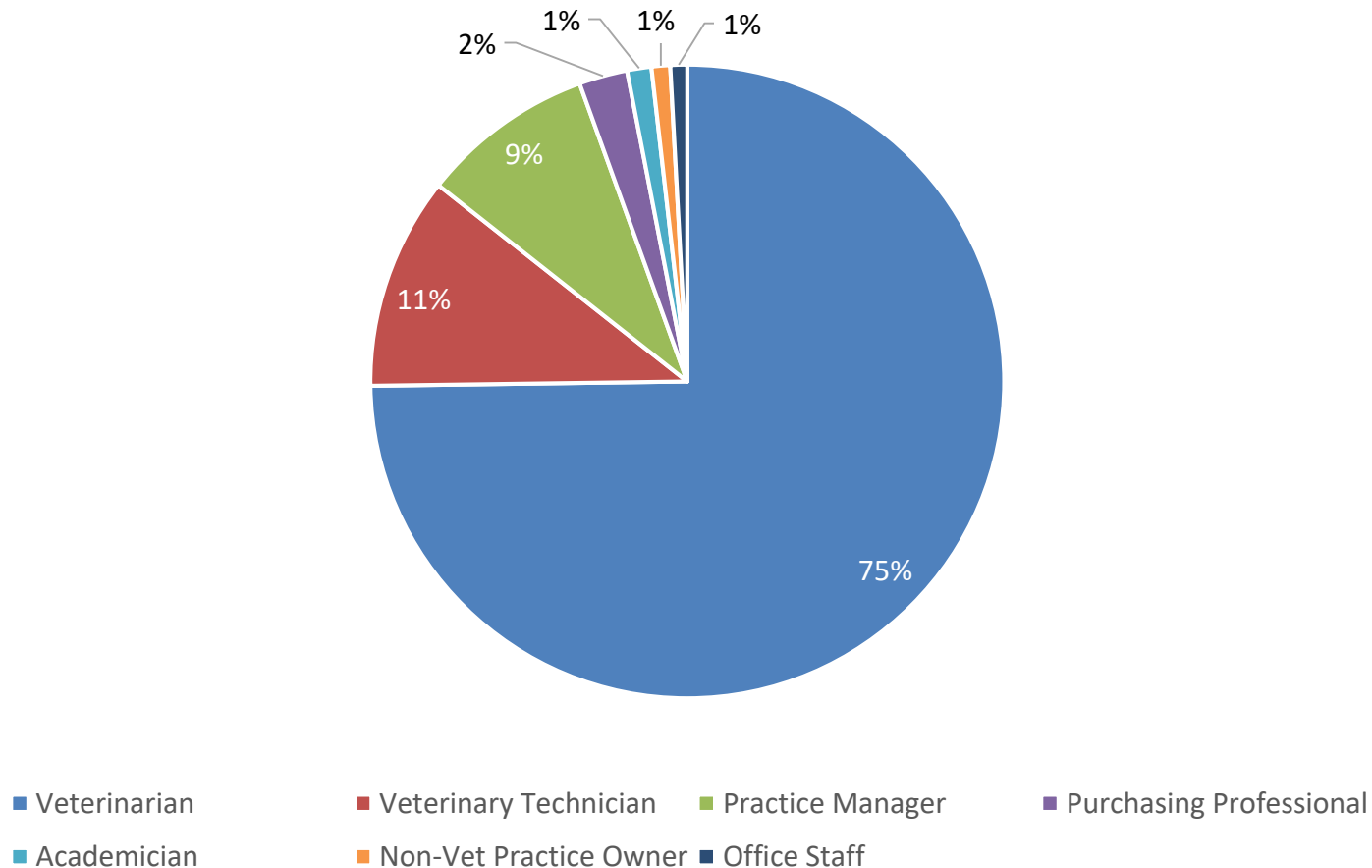
Summary of a National Survey of
Veterinarians | September 2018



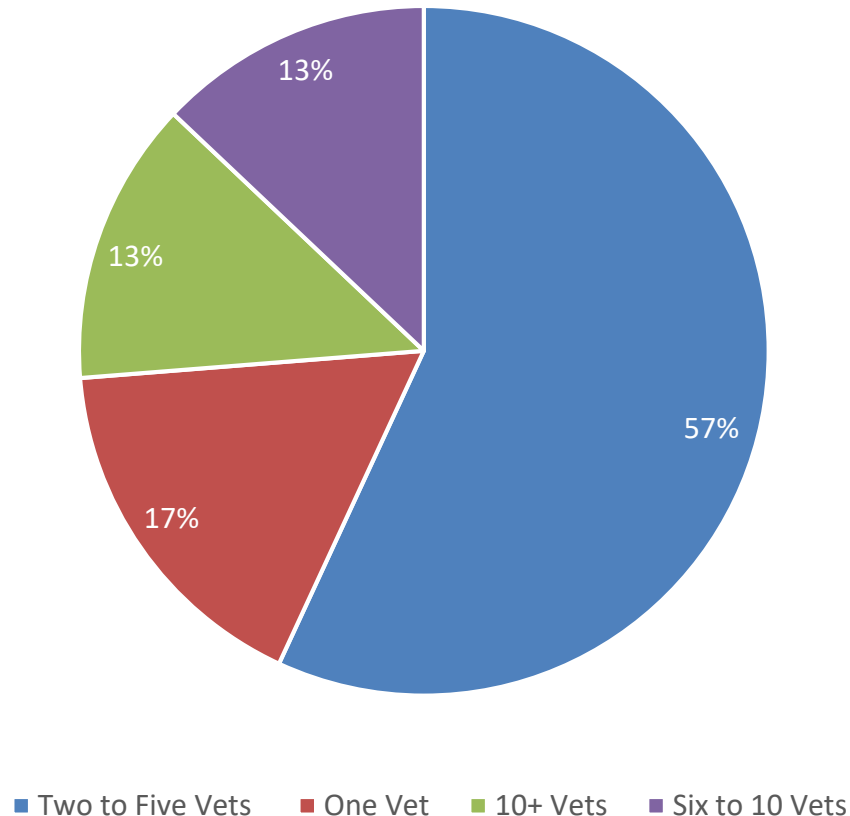
Opioid shortages have a negative impact on veterinarians' ability to provide appropriate pain-management for patients.

- DEA has decreased opioid production quotas by 25% (2017) and 20% (2018); & has announced a further reduction of 19% in 2019.
- DEA has asked for comments about these proposed further cuts.
- Cuts are an *attempt* to reduce the impact of diversion on the *human-health* opioid crisis. Survey was conducted to demonstrate the inadvertent negative impact of this tactic on the practice of veterinary medicine.
- 53,968 veterinary professionals were invited to participate; 1,135 completed the survey.
- The survey presents data about the impact of shortages of five opioids commonly used in veterinary medicine.
- It also includes *hundreds of comments* from the frontline professionals who cope with the impact of these DEA actions.

Survey reflects responses of 1,135 veterinary professionals surveyed during September 2018 ...



... the great majority of whom work at small businesses with 10 or fewer veterinarians.



Veterinary professionals say that limited access to Class II opiates creates practice-related and medical problems.

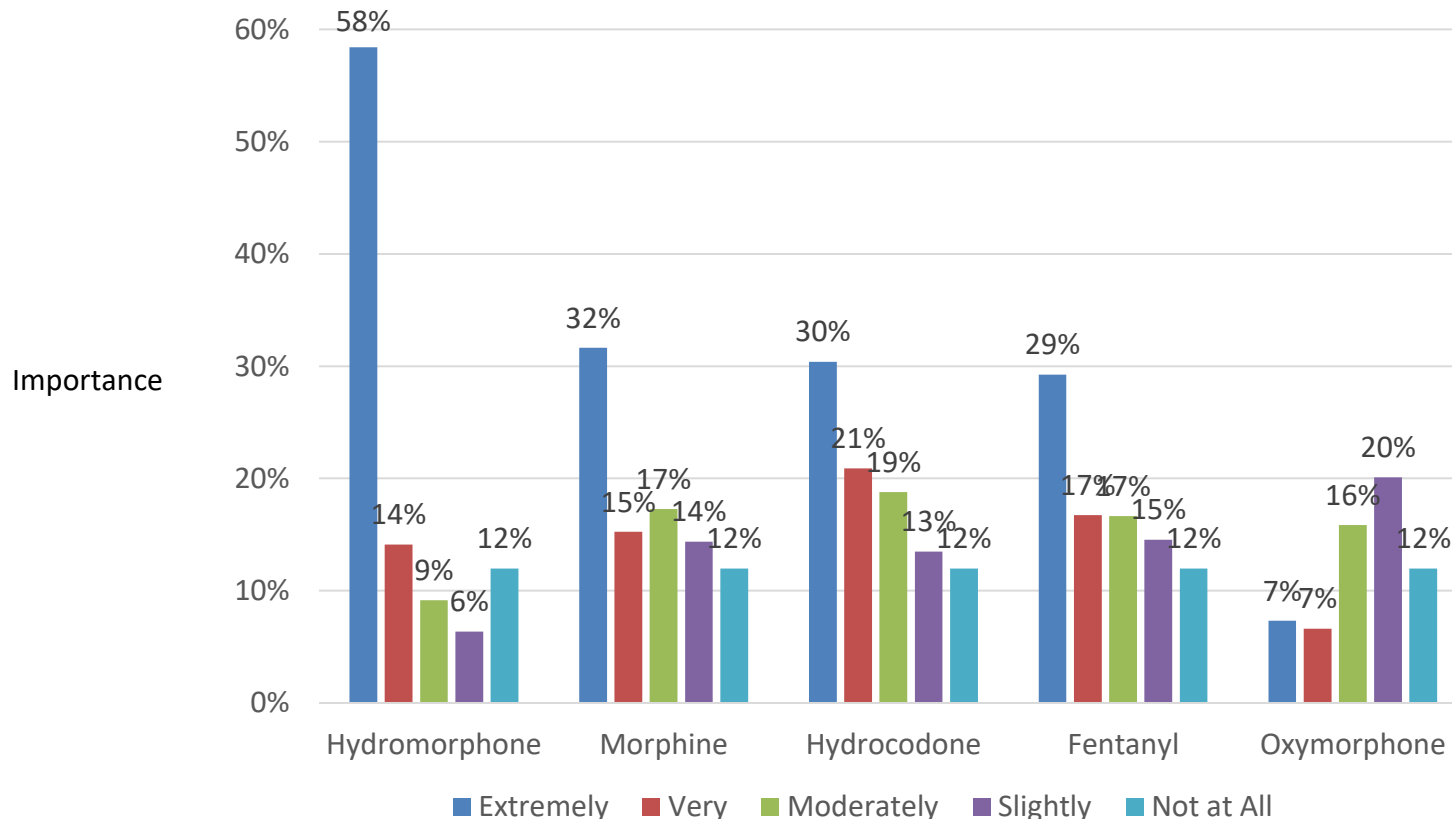
- The key impact of reduced supplies of opioids for veterinary use is pain, suffering, and death of animals because alternatives are not as effective for anesthesia, analgesia and sedation.
- Shortages limit therapeutic choices and are especially problematic given the number of species veterinarians treat and how differently they react to opioids or NSAIDS.
- Frequently changing medications and pain-management protocols to deal with shortages increases the risk of medical errors.
- Controlled substances are chiefly administered in-clinic and rarely dispensed. When dispensed, they (or state laws) limit the amount.
- Veterinarians rarely or never see signs of opioid abuse or diversion yet the majority have systems and procedures in place to identify and avoid it if it does occur.

Limited access to Class II opiates leaves veterinarians with more expensive options, which create hardships for clients.

- Alternatives are also much more expensive, causing hardship for clients, who make more decisions to euthanize to end suffering.
- More veterinarians are “scripting out” opioids, which eliminates their ability to manage how the medications are used, increasing risk of mis-use or diversion.

Importance of Opioids

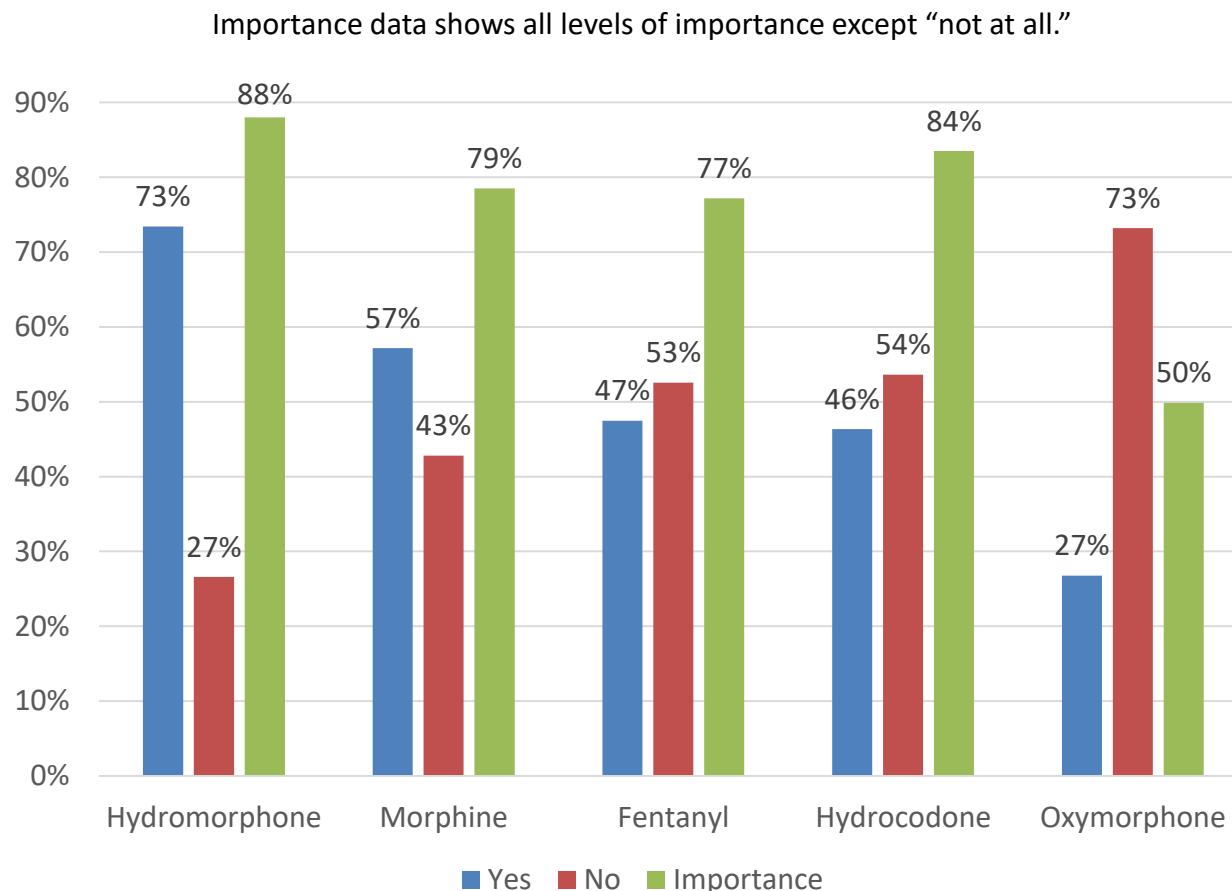
The importance to patient health varies for five Class II opiates commonly used in veterinary practice.



How important to your practice and to your patients' health is having access to each of these Class II controlled substances?

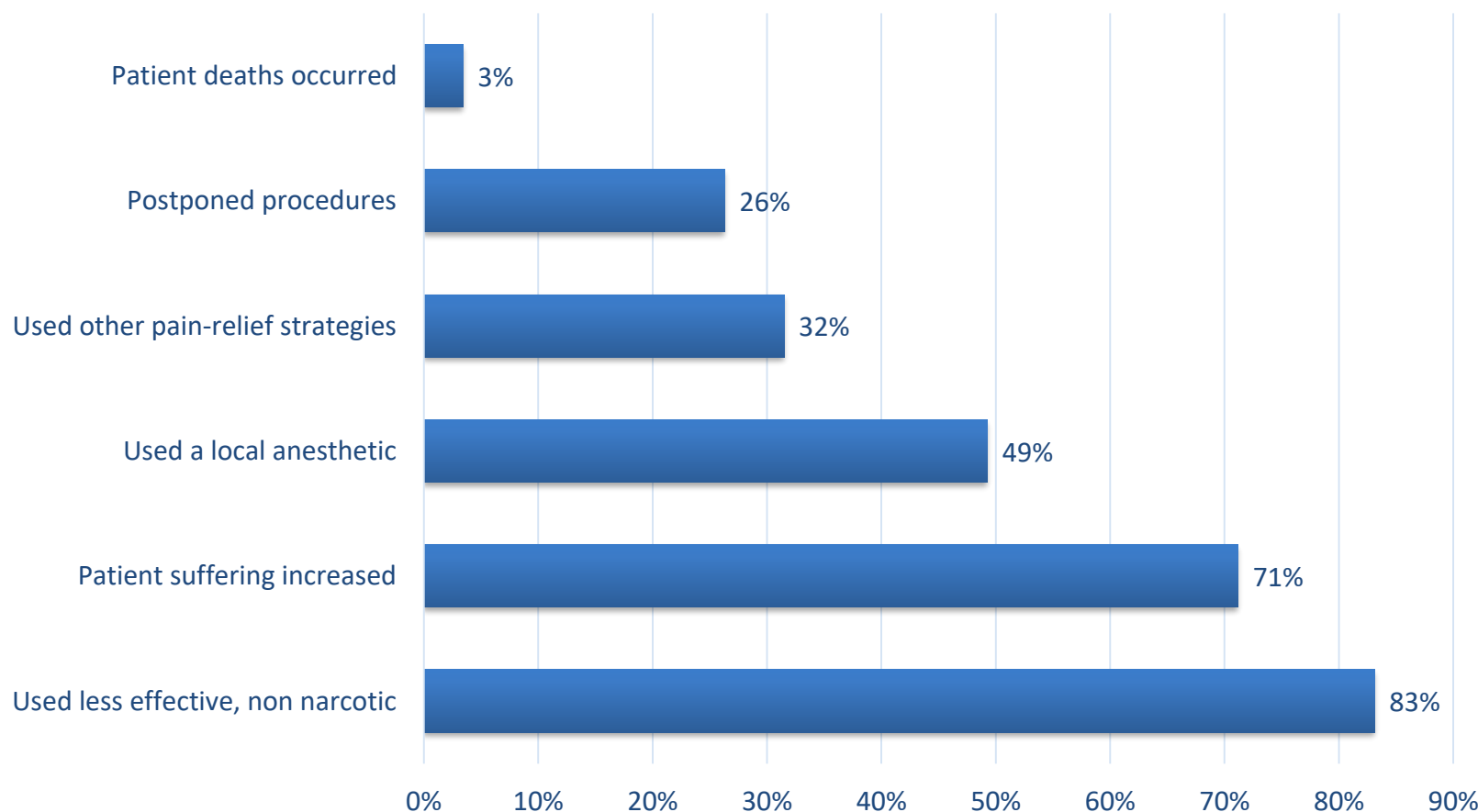
The Problem

In the past year, up to 73% have had difficulty obtaining the supply they require of these five “important” Class II opiates.



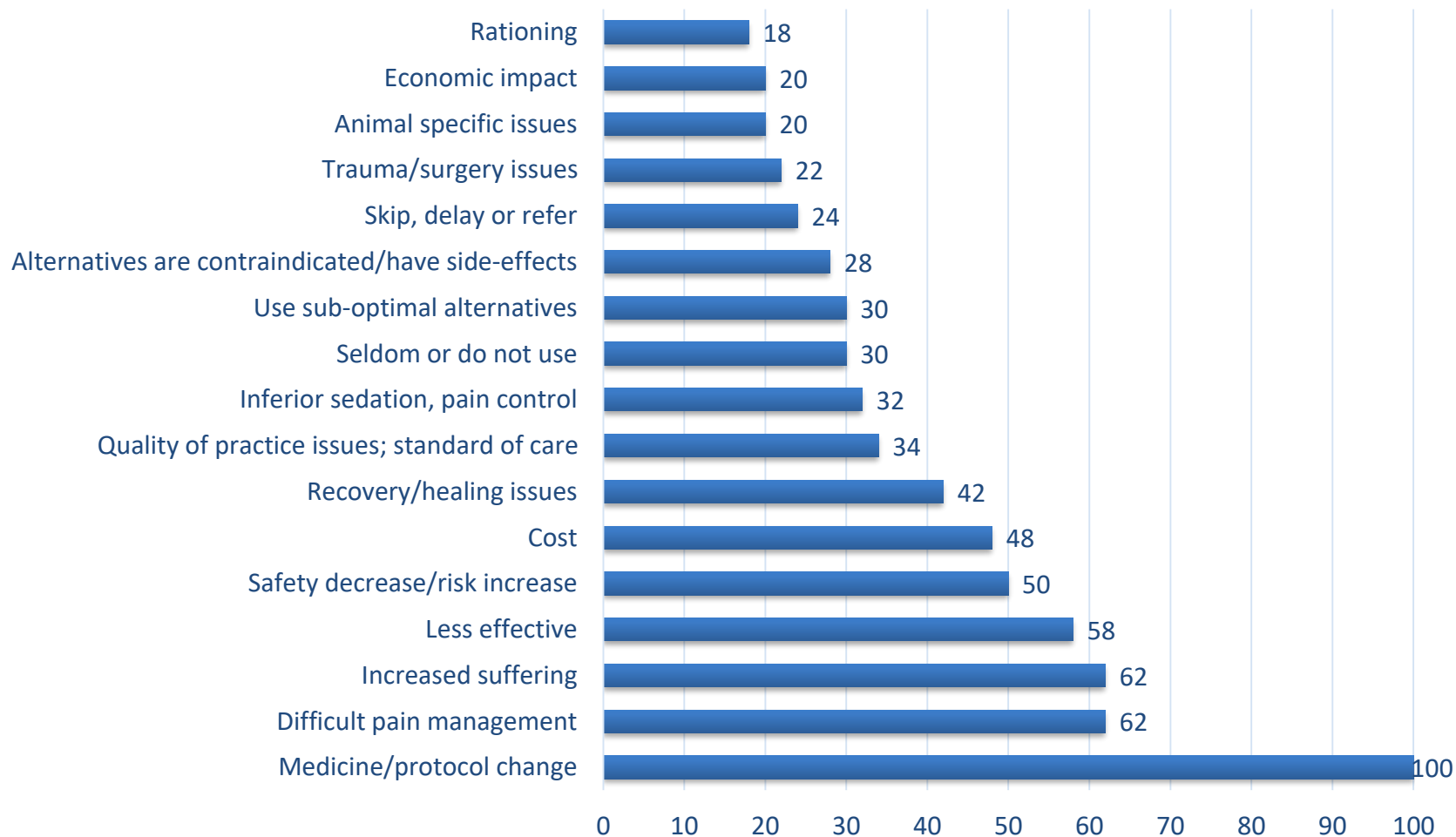
In the past year, have you had difficulty obtaining the supply you require of any of these Class II controlled substances?

Of those reporting that they *have* experienced a shortage in the past year, the great majority say that they are forced to use less-effective medications and that patient suffering has increased.



If you have experienced a shortage of any Class II controlled substance in the past year, please indicate which of these impacts the shortage had.

Write-in comments about the impact of opioid shortages fall into 43 categories. These are most-frequently cited.



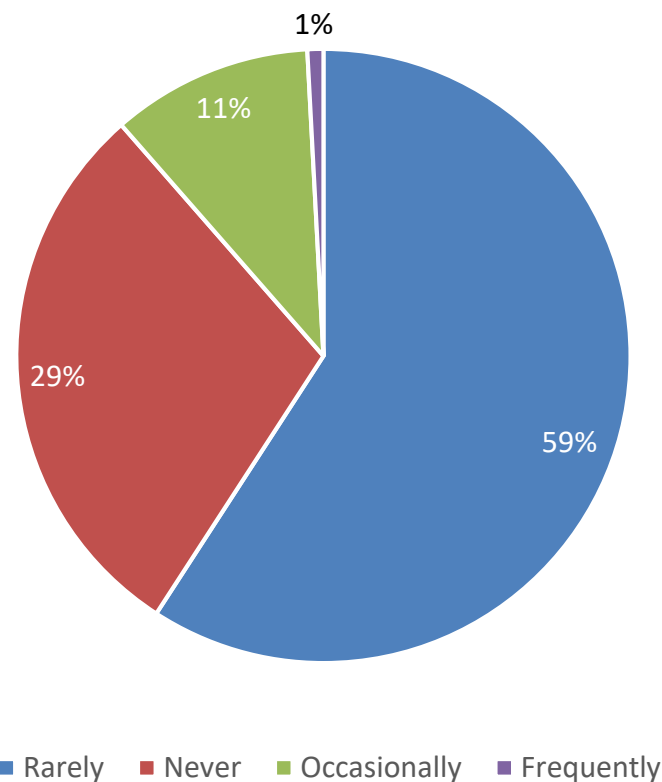
- How would you feel if your body had been ravaged by an F350 [truck] and the best your doctor could do was sedate you and have you swallow aspirin? My patients aren't addicts and many of them can't take NSAIDS due to advanced age and kidney disease, which the NSAIDS would worsen. I need appropriate pain-control to help my patients.
- We are having to treat gunshot wounds, hit-by-car, traumatic fractures and limb amputations without full-mu opioids, which is significantly increasing patient suffering. Our hospital has not been able to procure full-mu opioids for over 6 months.
- I cannot practice effective medicine without access to these pain-modifying drugs. I don't script these potent medications out to clients, as they are only used in-hospital for urgent pain management needs. Please rethink how you are designing your programs so that we do not have useless suffering of life.
- For dogs experiencing moderate to severe trauma, buprenorphine is not enough pain-control. Some of these dogs are showing symptoms of shock and adding-in additional sedation can be contraindicated during initial triage. Hydromorphone and morphine have the benefits of providing substantial analgesia as well as some sedation benefits.
- Entire research studies have been halted due to not being able to acquire adequate pain meds. These studies will affect human medical-care, as many are orthopedic studies where NSAIDs can't be used due to their mechanism of action.

- Patient deaths occur when a pet is painful and we can't get access to meds we need for comfort. Owner elects to put-down to ease suffering.
- Was unable to perform needed procedure/diagnostic and patient died as a result of not knowing more info regarding the underlying disease.
- It is entirely unethical to deny these essential pain-relieving medications to patients that will not develop a dependency on them. Veterinarians are not the medical professionals causing this opioid crisis and our patients should not suffer because of human weakness, laziness, or incompetence.
- Animals cannot divert medications. Veterinary medicine has taken a long time to get to the point of addressing pain adequately. Please don't take that away! The amount of opioid diversion is an epidemic, no doubt, but please do not punish our patients for this!
- Lack of effective opiates has a dramatic impact on our anesthetic protocols. We had one patient die as a result of anesthesia complications that may have survived if we had access to morphine or hydromorphone. These medications are inexpensive but the inconvenience of not having access to them after developing effective and predictable protocols has clearly impacted our ability to provide safe and excellent care.

- Working with injured, fearful animals is hard enough and if we do not have adequate ways to provide analgesia I worry about our safety as veterinarians and the safety of our staff. The other issue is that the pharmaceutical industry does not spend money developing non-opiate analgesic drugs for veterinary patients and we cannot always use the NSAIDs etc. developed for the human field because our patients can NOT properly metabolize them. This is especially true for cats, and cats are becoming the most popular household pet in the cities across the USA.
- We have experienced patients waking up from procedures in pain, recovery times increased, stress increased on the animals. For a shelter environment, prolonged lengths of stay and longer recoveries, are life-threatening situations for animals.
- These medications are vital for sedation as well as pain control. Our loss of hydromorphone has changed our animals' anxiety levels as they come out of anesthesia, as well as pain. We use more medications, which costs our clinic and the client more, with less acceptable results. By decreasing our access to these products, the DEA is jeopardizing our standard-of-care quality, which I find reprehensible.

- Ability to manage patient pain after ophthalmology surgeries and procedures has become much, much more difficult. Cost of using preservative-free morphine (the only morphine we could buy at one point) drives up the cost of care so animal owners are not able to pay for or provide as much veterinary care for their animals if we use those drugs. This also impacts our small business' ability to function at what should be our standard of care.
- I work on horses so need larger volumes of these medications for post-operative pain relief. Not all narcotics are useful in horses, so my options are already EXTREMELY limited.
- Mostly the random shortages have made me constantly have to switch product and concentrations of products. This results in having staff use products in forms or concentrations that they are less familiar with and, in turn, increases human error and therefore increases risk to patients. I have had to use Morphine in three different concentrations in just the past six months due to shortage and backorder.

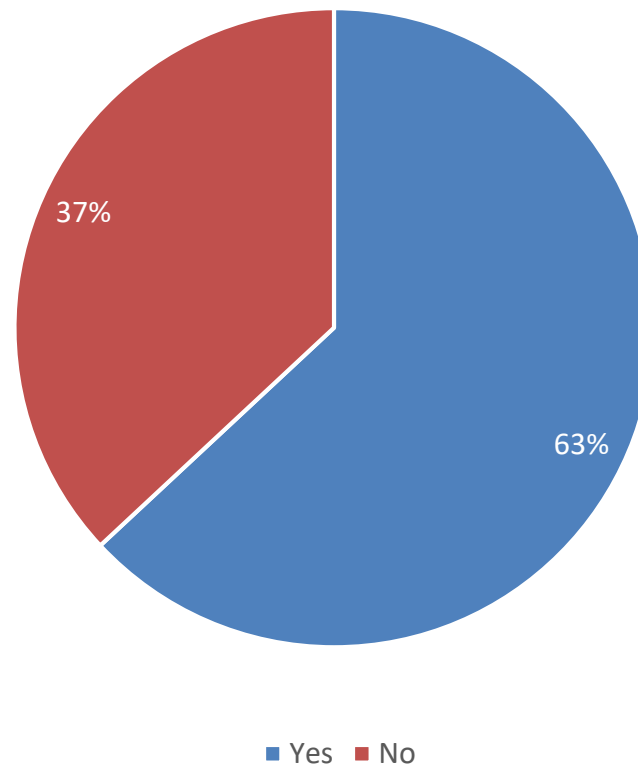
Nearly 9 in 10 rarely or never see DEA's "four warning signs that a client is potentially abusing opioids."



"The DEA suggests four warning signs that a client is potentially abusing opioids: (1) Suspicious injuries in a new patient, (2) Asking for specific medications by name, (3) Asking for refills for lost or stolen medications, (4) Pet owner is insistent in their request.

How frequently do you experience or does your staff report any of these warning signs in your practice?"

Yet, despite low incidence of signs of abuse, more than 6 in 10 practices “have training and/or procedures in place for medical and other staff members to recognize the signs of opioid abuse.”



- We have discussed Tramadol issues and have scripted-out those prescriptions to human pharmacies. Since we can't get any of the controlled medications at this time we haven't had the need to discuss further [anti-]diversion techniques.
- All staff are trained to recognize the warning signs of abuse. However, the vast majority of opioids used in veterinary medicine are for in-hospital use only, so this question is largely irrelevant.
- I rarely give out opioid medications to go home. My problem is the acute painful incident and during anesthesia and post-operative recovery. Any animal that is prescribed an opioid gets a limited supply and a PMP is logged before dispensing. I have had two encounters in the last five years of drug-seeking clients. They were both handled by authorities.
- Checking prescription date of administration and amount used, not prescribing additional medications within certain time frames, and only very rarely using opioid analgesic-control as a go-home medication. Most patients will leave with Carprofen (NSAID), Metacam (NSAID), Methocarbamol, or Gabapentin as options rather than Tramadol or opioid options.

- The inability to obtain necessary pain medications has been crippling. Please stress to them [DEA] that the ENTIRE ANESTHETIC PROTOCOL at well-run veterinary clinics has opioids at it's foundation. Ask them to step outside of their administrative mindset for one moment and even if they have never owned a beloved pet, consider then, their child or grandchild. The situation they have created forces MDs, veterinarians, and others to use drugs they are less familiar with. As a doctor I can assure them that this is scary to say the least, abusive as well. They need to consider this. I am UNABLE to relieve the suffering of any dog in pain who enters my clinic. NSAIDS do NOTHING for severe pain. This HAS to stop.
- Pets are a vital source of companionship and comfort to millions of people. It is our responsibility to advocate for them because they cannot speak for themselves. Opioid addiction is a major problem; however, the DEA's course of action will lead to problems for the nation's pets. When there is a shortage, veterinarians' orders are filled after those for human medicine. This will still put the drugs in the hands of human abusers and will cause pain and suffering to companion animals.
- Common sense. I've been practicing for 20 years. Not my first rodeo people. Don't be stupid. I follow up. I monitor the patient. Those that have disease and need these specific medications are in jeopardy of dying because of the demands of these new restrictions in drug distribution and allocation.



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