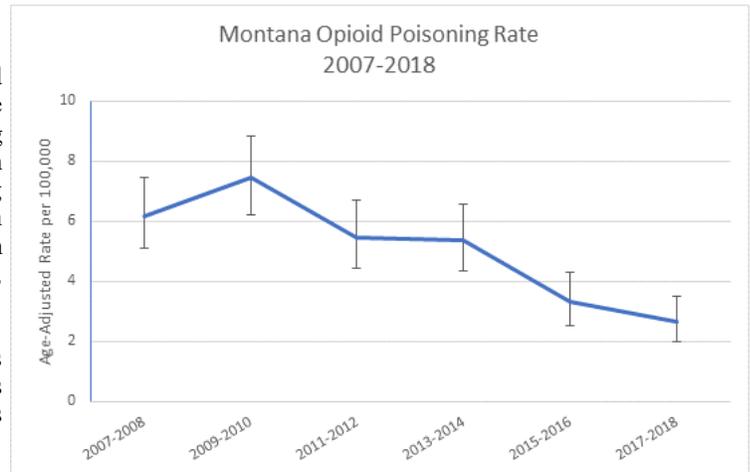


## ANIMAL AND HUMAN HEALTH PREVENTION OPPORTUNITIES

### The Opioid Epidemic

Between 2016 and 2017 over 112,000 people died from opioid overdose in the United States<sup>1,2</sup>. In Montana, opioid overdose has resulted in 579 deaths between 2007 and 2018<sup>3</sup>. According to the Department of Justice, Drug Enforcement Administration (DEA) opioid prescription painkillers now cause more drug overdose deaths than cocaine and heroin combined. Human physicians and dentists have long-been the target of education and outreach efforts to combat this issue but more recently, significant consideration has been given to the role the veterinary community might be playing. In this issue of Montana One Health we will discuss the regulatory authorities on controlled substances including opioids, the clinical effects of opioids in humans and animals, and the role veterinarians might play in the epidemic.



#### Background

Many of the opioids available for use in humans and animals are classified as schedule II controlled drugs, suggesting a high potential for abuse with severe psychological or physical dependence. Controlled drugs are approved for use in humans and animals by the Food and Drug Administration (FDA). The DEA is the entity responsible for enforcing regulations associated with controlled drugs. Veterinarians with a DEA license are permitted to administer, prescribe, stock and dispense opioids. Only two of the opioids being marketed are approved for use in animals: buprenorphine for use in cats and butorphanol for use in cats, dogs and horses. As a result, veterinarians often use opioids approved only for use in humans (off-label) in their animal patients. Off-label use of opioids requires veterinarians to follow the regulations for extra-label drug use, such as the Animal Medicinal Drug Use Clarification Act (AMDUCA).

#### The Effects of Opioids

Opioids are most often prescribed for pain relief. In humans and animals, opioids cause a release of neurotransmitters (endorphins) which minimize the perception of pain and make one “feel good”. The body’s response to repeated use of opioids is a slower release of endorphins. This development is referred to as a tolerance and might result in a person seeking to increase their dose of opioids to continue “feeling good”. Dose increases however, might eventually lead to an opioid overdose which includes slow, shallow breathing, extreme sleepiness, inability to talk, blue skin color, dark lips, and potentially death<sup>4</sup>.

#### Why Veterinarians?

Two risk factors are associated with the veterinary profession’s link to the opioid epidemic: (1) the ability for animal owners to access opioids for personal use from their pets and (2) direct opioid access in the workplace by veterinarians and their staff.

Only twenty states require veterinarians to report the opioids they have prescribed, including to whom they were prescribed, to a prescription drug monitoring program (PDMP). Montana is not one of these states. Consequently, opioids prescribed to a person’s pet are not linked to the prescription history from that same individual’s doctor or dentist, which can result in additional access and potential consumption of opioids not prescribed by their healthcare provider. In a survey conducted in 2014 of Colorado veterinarians, 13% of those surveyed were aware that an animal owner had intentionally made an animal ill, injured an animal or made an animal seem ill or injured to obtain opioid medications<sup>2</sup>.

Veterinarians should consider opioid abuse by a client if the client asks for specific medications by name, asks for refills for lost or stolen medications, if they suspect the client intentionally inflicted injury to their animal, or if the client is insistent in their request. Veterinarians are also encouraged to watch for signs of opioid abuse by fellow veterinarians or staff members. Signs of opioid abuse include mood swings, anxiety, depression, mental confusion/inability to concentrate, making frequent mistakes at work or simply not showing up for work. If a veterinarian suspects an animal owner or coworker is abusing opioids, they should take the necessary measures to assure the safety of their staff as well as the security of the opioids in their possession. If a veterinarian has concerns of illegal activity including intentional harm to an animal, they should contact their local sheriff’s office. Additional resources are available to veterinarians by contacting the Department of Public Health and Human Services (DPHHS) at 406-444-6981.

Unfortunately, the extent of abuse amongst animal owners and veterinary employees, including veterinarians is unknown. However, a critical opportunity exists to bring awareness to the issue and educate those we serve and work with about the risks of opioid abuse.

## The Opioid Epidemic-Key Points

1.	Opioids have a high potential for abuse with severe psychological or physical dependence.
2.	Veterinarians often use opioids off-label that are approved for use in humans. As a result, pet owners abusing opioid may attempt to obtain these drugs from veterinarians.
3.	Direct access to opioids in the workplace by veterinarians and their staff is a risk factor linking the veterinary profession to the opioid epidemic.
4.	Montana veterinarians are not required to report opioid prescriptions to a Prescription Drug Monitoring Program (PDMP) but can access the database.
5.	Veterinarians should consider opioid abuse when a client asks for specific medications by name, asks for refills for lost or stolen medications, if the client is insistent in their request, or if they suspect the client intentionally inflicted injury to an animal.
6.	The signs of opioid abuse might include mood swings, anxiety, depression, mental confusion/inability to concentrate, making frequent mistakes at work or simply not showing up for work.
7.	Veterinarians should take the necessary measures to assure the safety of their staff as well as the security of opioids in their possession.

### References:

1. American Journal of Public Health,
2. Centers for Disease Control and Prevention
3. Montana Office of Vital Records
4. American Society of Anesthesiologists

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