

Doctor Shopping Makes A Comeback In Opioid Crisis



By *Jamie Wells, M.D.* — August 27, 2018



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In a [trend](#) [2] described as “shocking,” news outlets are [reporting](#) [3] that people desperate to obtain narcotics by any means necessary are intentionally injuring their pets to divert and abuse the veterinarian’s painkiller prescriptions. This is no surprise, this is addiction. The tighter the noose of regulation and restriction, the more creative and inventive the methods for circumvention. People have an uncanny ability to adapt to meet their need despite how harmful the alternative path.

Doctor shopping in the human narcotic medical world was a huge problem that prompted development of the electronic drug monitoring program. This centralized web-based prescription database for controlled substances was intended to put a check on individuals attempting to fill multiple prescriptions from various doctors and pharmacies and, ideally, allow swift identification of those at risk of abuse or misuse. Previously, there was a limited ability for a doctor or pharmacy to track what another emergency room, clinic or physician prescribed. So, a classic tactic was to seek scripts from many sources often assuming many identities.

With the tightening of such a narcotic prescription system, particularly with opioids, also came the pressure to manufacture a tamper-resistant form that would make it more challenging to abuse. Efforts to crush these for the purposes of snorting, injecting or smoking, for example, were more difficult, so instead this well-intended measure, like most policies, had unintended consequences serving to expedite people’s progression to heroin - which was easier to get and abuse. The escalation of recent deaths from opioids is mainly a result of illicit heroin being laced or replaced with highly concentrated, powerful fentanyl or its analogs. The prescription version of fentanyl, used in hospital settings for cancer patients, for example, is very well studied and its therapeutic

window is carefully managed by medical staff in a safe manner.

With the latest news of [Scott Brinks](#) [3], representing the U.S. Drug Enforcement Administration's Diversion Control Division in Washington, warning over “200 Kentucky doctors — including some veterinarians — during an August conference in Louisville to watch for potential drug seekers since animals are now among the victims of the nation's worst drug crisis,” it appears due to the animal, not the human, being the patient there are difficulties in rapid detection of abuse (see [here](#) [3]). The state systems are apparently not equipped like the human realm. The article in the [Courier Journal](#) [3] outlines a case of a pet owner who presented her dog to different animal clinics and hospitals for suspicious injuries on repeated occasions in a short time span. Alarm bells went off, in part, because the wounds were too clean and not matching the mechanisms of injury described.

Much like in situations of child or elder abuse, health professionals - veterinary or not - are trained to discern what wounds are accidental or intentional. Due to this recent trend of manipulating veterinary services, veterinarians will likely be hyper-vigilant now in sussing out drug seeking behavior. Among the practices they will employ will be administering the hefty pain medication to the animal while on the premises but sending him home on less controlled substances, not stocking their facility or not prescribing the medications at all.

The sad reality is that this behavior is the very nature of addiction. It is the behavior, the compulsion that is most pathological in ruining lives. And, it typically ends one of or any permutation of three ways: 1) hurting oneself (e.g. bodily harm/developing chronic disease, overdose) 2) hurting others (e.g. drugged driving, animal or loved one abuse) 3) committing a crime (e.g. jail).

Gaming the system, doctor shopping and misuse of prescriptions, in general, are age-old human factors unlikely to change no matter how rigid the government enforcement (see articles on multi-drug abuse [here](#) [4], [here](#) [5] and [here](#) [6], ADHD drug misuse [here](#) [7]). We tend disproportionately to focus on the substance, which is an important aspect but does not reflect the entire clinical picture. Addiction is a complex beast. In the absence of a focus on getting rehab services to those who are addicted, preventing new addictions (e.g. avoiding and managing childhood trauma, implementing family-centric treatment) and helping those who are currently addicted find future success and stability in the short-, medium- and long-term, a resolution to this cat-and-mouse game will never be realized - only the substance of abuse will continue to change.

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[1] https://commons.wikimedia.org/wiki/File:Cattle_Dog_with_injured_leg.jpg

[2] <https://www.usatoday.com/story/news/nation-now/2018/08/27/opioid-crisis-pet-owners-abuse-animals-drugs/1110178002/>

[3] <https://www.courier-journal.com/story/news/crime/2018/08/27/pet-owners-abusing-animals-drugs-opioid-crisis/1066712002/>

[4] <https://www.acsh.org/news/2017/08/16/polypharmacy-problems-go-beyond-tiger-woods-11693>

[5] <https://www.acsh.org/news/2017/06/01/drugged-driving-not-just-tiger-woods-issue-11353>

[6] <https://www.acsh.org/news/2018/07/19/much-needed-congressional-hearing-examines-rise-drug-impaired-driving-13209>

[7] <https://www.acsh.org/news/2018/05/21/add-adhd-meds-call-burden-poison-control-centers-12995>