

# DRUG DIVERSION

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## DRUG DIVERSION: A RAPIDLY GROWING ISSUE IN THE HEALTHCARE PROFESSION

Drug abuse in America continues to grow. In 2012, approximately 23.9 million Americans used illicit drugs. Of these, 6.8 million used prescription drugs for non-medical purposes. In other words, they used them without a prescription or for a purpose they were not prescribed. According to the National Institute on Drug Abuse, the trend has continued to rise since 2002. While studying the mentioned statistics,

it is no wonder that healthcare diversion has become a major problem in the healthcare field. The American Nurses Association estimates that 10 percent of nurses are dependent on some type of drug. The AMA used the analogy that if one works with 10 nurses, one of the ten is probably struggling with some type of addiction. With almost 3 million nurses working in their field, that could mean that approximately 300,000 may be

substance abusers. While nurses typically abuse drugs and alcohol the same as the general public, nurses have a tendency to be more dependent on prescription medications. These prescription medications are: amphetamines, opiates, sedatives, tranquilizers, and inhalants. This goes hand in hand with the availability of these drugs at the workplace.

Consider these facts:

1. The most widely abused prescription drugs are oxycodone and morphine derivatives.
2. These painkillers are available in nursing homes, long-term care facilities, and throughout hospice care.
3. None of these facilities have the same medication controls as a hospital.



Consequences, actions, and resources:

Drug diversion of CS damages the reputations of the employer and employee, often destroying the employee's career. The impaired nurse, when caught, can face criminal prosecution, civil malpractice actions, and actions against his or her RN license. He or she may be fired. However, there are also non-punitive approaches in certain states. These may come in the form of various alternatives to discipline programs: random monitoring, Employee Assistance Programs (EAP), education programs, peer assistance programs, recovery programs and substance abuse treatment programs. Many state nurses associations and nursing specialty organizations offer peer assistance programs.

Healthcare employers should offer their employees education regarding the dangers of drug addiction and diversion; meticulous monitoring, documentation, and tracking of CS; assistance for addicted employees; and employee surveillance programs that monitor behavior changes and patients appearing undermedicated. Any CS diversion and drug abuse or addiction must be identified quickly and stopped immediately to provide a safe healthcare environment for patients and employees. Contact your state's Board of Nursing for information on how to get assistance for a drug (or alcohol) impaired nurse, as well as consult your employer's policies and procedures for the impaired employee. State and local regulations may vary.



## DISPOSAL AND DIVERSION OF NARCOTIC MEDICATIONS

On September 9, 2014, the Department of Justice published the final rules for the Secure and Responsible Drug Disposal Act of 2010 allowing proper controlled substance disposal. The regulations go into effect October 9, 2014. The amended rules found here allow registered collectors, such as closed-door and retail pharmacies to place receptacles in long-term care facilities to collect and dispose of controlled substances (Schedules II-V). Before the rule update, solutions for disposal in long-term care facilities were minimal and often messy and environmentally unsustainable. According to retired Pharmaceutical Drug Diversion Investigator, Lorri Abramowitz, nurses and other healthcare individuals use a variety of methods to divert controlled substances from healthcare facilities. Abramowitz is familiar with these types of methods. For approximately 18 years, she investigated hundreds of these types of cases for the Jacksonville Sheriff's Office. Nurses typically start diverting using the following methods:

- Take the waste for personal use.
- Steal controlled substances from the patients (not dosing the patients properly).
- Remove excessive amounts of controlled substances from the automated dispensing machine, using the "PRN" (as needed for pain) medications.
- Tamper with the patients' controlled substance medications by replacing an injectable pain medication with another substance, usually saline, for example.

Theft of controlled substances usually occurs for personal use, to supply the drug to another user, or for financial gain. Theft can occur wherever controlled substances are found. In addition to theft from a medication

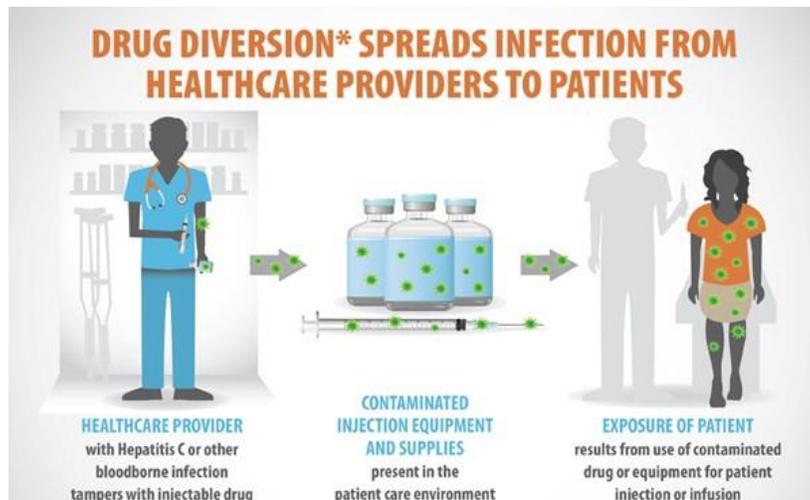
dispensary, narcotic cabinet, or pharmacy, drug diversion can include removing a pain patch directly from a patient's body for personal use or even rifling through medical or hazardous waste for CS remnants and residue. Drug diversion in health care harms addicts, fellow employees, employers, and patients. Patients may not be receiving the prescribed amount of the correct CS as frequently as needed, or none at all. If so, patients will suffer needless pain. In a few documented cases, the healthcare worker injected

herself or himself, then injected the patient, passing on chronic bloodborne illnesses. If the nurse is using a CS on duty, his or her judgment and responses will be impaired. Higher rates of error can occur, and all of the impaired nurse's patients will receive a decreased level of care, not just the one whose drugs were diverted.



#### Other signs of diversion:

- Look for damaged pain patches. Some drug-seeking caretakers steal medications directly off of their patient's body. Look for evidence of torn or damaged pain patches that may have been removed and/or replaced.
- Be present during medication administration. While it is usually impossible for family to be present during all medication administrations, to the extent family members can plan visits around medication times to observe whether the patient is receiving the medications they should.
- Look for signs that the patient is experiencing unusual pain. This may be an indicator that they are not receiving the medications that have been ordered for them.
- Look for obviously impaired caretakers. Drug-seeking caretakers will often attempt to continue working even when they are under the influence of drugs.



Clearly, “drug diversion” is occurring in end-of-life and nursing home care. Yet, we almost never hear about it. Reporting on medication theft is lax, at best. Even in the rare cases where caregivers are caught and turned in, they are rarely prosecuted. Many don't even lose their healthcare license. Healthcare workers under the influence of narcotics are putting elderly or infirm patients at risk. Stealing painkillers from the elderly means those people are suffering needlessly. If tens of thousands of hospital workers have both the will and opportunity to steal patient medication, how many nursing home workers are committing this act?

Signs and Symptoms of Drug Diversion

- Changes in job performance;
- Absences from the unit for long periods;
- Multiple restroom breaks;
- Arriving late/leaving early;
- Excessive errors, including medication errors;
- Subtle changes in appearance that may escalate over time;
- Increasing isolation from colleagues;
- Inappropriate verbal or emotional responses;
- Diminished alertness, confusion, or memory lapses;
- Incorrect narcotic counts;
- Large amounts of narcotic wastage;
- Numerous corrections of medication records;
- Frequent reports of ineffective pain relief from patients;
- Offers to medicate co-workers' patients for pain;
- Altered verbal or phone medication orders; and
- Variations in controlled substance discrepancies

Controlled prescription drug classes which are commonly diverted include:

- Benzodiazepines – including diazepam, temazepam, clonazepam, and alprazolam – prescription anxiolytics and sedatives
- Opioids – including morphine, hydrocodone, oxycodone and codeine – prescription pain medications
- Stimulants – amphetamine, methylphenidate, and modafinil – prescribed to treat ADHD and narcolepsy
- Z-drugs – including zolpidem (Ambien), Eszopiclone (Lunesta) – prescription sleep medications

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