What is Diversion?

- Definition: a medical and legal concept involving the transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use.
Most commonly abused are Controlled Substances

- 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

Why?
Declared an Epidemic in 2013

One of 4 of biggest epidemics
More than car accidents
Over half are related to opiates

One Day in the United States

1. 650,000 Opioid Prescriptions are dispensed
2. 3,900 people initiate non medical use
3. 580 people initiate heroin use
Public Health Epidemic

- 2000-2014
- Unintentional drug overdose deaths in US increased 137% which was 200% increase in overdose death involving opioids.
- 500,000 deaths due to prescription overdose
- 2016:
  - Over 60,000 drug related overdose deaths
  - 135 deaths every 24 hours
  - 46 deaths by end of today's presentation
  - 1 death every 11.16 minutes
  - 26,647 deaths involved opioids including heroin
  - 19,000 deaths involved prescription opioid
At least half of all opioid overdose deaths involve prescription opioids

CDC NATIONAL VITAL STATISTICS

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- Alcohol: 2x
- Marijuana: 3x
- Cocaine: 15x
- Rx Opioid Painkillers: 40x

...more likely to be addicted to heroin.

Health Care Professionals - Are they also at risk of Diversion?

► 1 in 10 health care professionals struggling with opioid use disorder. This is the same rate for the general population.

-CDC

Controlled Substance Act

► The Controlled Substances Act (CSA) is the statute prescribing federal U.S. drug policy under which the manufacture, importation, possession, use and distribution of certain substances is regulated. It was passed by the 91st United States Congress as Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and signed into law by President Richard Nixon.
MISSION of the DEA

1. Prevent
2. Detect
3. Investigate
4. While ensuring an adequate and uninterrupted supply of controlled substances to meet legitimate medical, commercial and scientific control

Closed System of Distribution

- Foreign Manufacturer > Importer > Manufacturer > Distributor > Practitioner/Pharmacy Hospital Clinic > Patient
Effective Controls

All Applicants and registrants shall provide effective controls and procedures to guard against theft and diversion of controlled substances.

In order to determine whether a registrant has provided effective controls, the Administrator shall use the security requirements set forth by DEA as standard for physical security, and operating procedures necessary to prevent diversion.

21 CFR 1301.72(a)

Corresponding Responsibility by the Pharmacist

- The responsibility for proper prescribing and dispensing of controlled substances is upon the prescribing practitioner but a corresponding responsibility rests with the pharmacist who fills the prescription.
- A Pharmacist, by law, has a corresponding responsibility to ensure that prescriptions are legitimate
- When a prescription is presented by a patient or demanded to be filled for a patient by a doctor’s office, a pharmacist is not obligated to fill the prescription.

- 21 CFR 1306.04(a)
What should be considered to ensure effective controls are used?

SOMETHING TO THINK ABOUT!!

Setting the Tone

- 1. All Registrations in place
- 2. Hospital and Pharmacies must demonstrate what is the most important thing
- 3. Setting the Expectations of all Hospital Employees: Employers must also make employees aware of federal regulations around reporting diversion
- 4. 21 CFR 1301.91 EMPLOYEE RESPONSIBILITY to report Diversion
- 5. 21 CFR 1301.92 Illicit Activity by employees – Subject to federal prosecution
**SECURITY/ACCOUNTABILITY OF CONTROLLED SUBSTANCES**

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Supervision</th>
<th>Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Criminal background checks</td>
<td>• Review record keeping</td>
<td>• Variances reported to pharmacy</td>
</tr>
<tr>
<td>• Education of employees</td>
<td>• Drug counts/audits balance</td>
<td>• Pharmacy leads investigation team</td>
</tr>
<tr>
<td>• Training for employees</td>
<td>• Verify orders against withdrawals</td>
<td>• Initial reports filed with</td>
</tr>
<tr>
<td>• Policies</td>
<td>• Division of duties-2 person activities</td>
<td>• Interviews/audits/records reviews</td>
</tr>
<tr>
<td>• Information available to staff</td>
<td>• Random compliance checks</td>
<td>• Findings reported to administration</td>
</tr>
<tr>
<td>• Random compliance checks</td>
<td></td>
<td>• Final loss reports to DEA</td>
</tr>
<tr>
<td>• Discipline for violations</td>
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</tbody>
</table>

**Administrative Issues to Consider**

- Employee removed from schedule
- No access to drugs/patients
- Do you want this person back?
- Risks from diverting employees
- Infection control
- Media coverage/reputation
- Amending false billing
- Employee reimburses hospital for cost of hospital investigation
Prevention

- Background checks for non-practioners
- Also state policy might state, hospital has to have a policy – but it may not be clear to employee if policy states, “follow all laws.”
- Important that policies use words, like shall and must
- RANDOM Compliance Checks must be un-announced
- Record keeping must be thorough – When a practioner begins diverting drugs, record keeping becomes sloppy
- Discipline and accountability – There are usually at least 3 violations cited by the bureau: 1. False record, 2. Diversion for personal use, 3. employee did not pay the hospital bill

Supervision

- Review Record Keeping Regularly
  - One of the first sx of impairment is bad charting
  - Incomplete records means drugs cannot be audited to verify accountability
  - Reviews reveal counts and balances that have discrepancies
  - Reviews reveal drugs withdrawn that no physician authorized
  - Pharmacy employees have purchased extra shipments unknown to supervisors
  - Time frames for orders should be in policy
Continued...

- Define 2 person activities, like waste, and disposal
- Random compliance checks
- Medication is never to be returned to the pharmacy or the hospital.

Collection Receptacle Locations must be Registered

<table>
<thead>
<tr>
<th>Long Term Facility</th>
<th>Hospital / Clinic</th>
<th>NTP</th>
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<tr>
<td>Located in secure area regularly monitored by LCTF employees</td>
<td>Located in an area regularly monitored by employees - not in proximity of where emergency or urgent care is provided</td>
<td>Located in a room that does not contain any other controlled substances and is securely locked with controlled access.</td>
</tr>
</tbody>
</table>
Collection Receptacles

1. Ultimate users shall put the substances directly into the collection receptacle
2. Controlled and non-controlled may be co-mingled
3. Collected Substances shall not be counted, sorted, inventoried or otherwise handled
4. Registrants SHALL NOT DISPOSE OF STOCK OR INVENTORY in collection receptacles.

21 CFR 1317.75(b) and ©

Disposal Events
THANK YOU