



April 13, 2021

Drug Diversion Prevention in Hospitals

- **Speaker:** *Heather Ferguson, PharmD, MS, BCPS*
- Open Discussion

Objectives

Upon completion of this session, you will be able to:

- List the most common reason for diversion and the types of medications being diverted.
- Describe the key components of a drug diversion prevention program.
- Articulate the considerations to be taken when drug diversion is suspected or confirmed.



The Stats – Mental Health

COVID-19 COULD EXASPERATE DOCTORS' EXISTING MENTAL HEALTH BURDEN

More than
60,000
U.S. health care workers have
contracted **COVID-19**.
300 have died.

SOURCE: CDC

An estimated
300 to 400
physicians die by **suicide** every year.

SOURCE: Journal of Medical Regulation

Of the health workers
who treated patients during
China's COVID-19 outbreak

50% showed signs
of **depression**
45% showed signs
of **anxiety**

according to preliminary research.

SOURCE: JAMA Network Open

abc NEWS



The Stats – Addiction & Overdose

Substance Use Disorder (SUD)

- Approximately 10-15% of the population will struggle with SUD.
- Healthcare workforce not immune.
- Those suffering from addiction receive punishment more often than treatment.

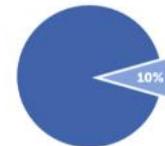
Drug Overdose

- #1 cause of accidental death
- 81,230 overdose deaths from June 2019 and May 2020

Addiction is a public health crisis.



Overdoses kill more of us than breast cancer, guns, and car crashes combined.



Only 1 in 10 who need addiction treatment ever receive it.



80% of us don't want a friend, colleague or neighbor with addiction.

\$740
BILLION

Each year, addiction costs Americans over \$740 billion.

Drug Diversion: The who, what, why...

Who: patients, family members, staff, providers...*ANYONE*

What:

- Mostly controlled substance (CS), such as opioids and benzodiazepines
- But also, propofol, gabapentin, anesthetic gases, etc.
- Drugs to enhance CS effects, treat withdrawal, or mimic effects of CS

Why:

- Mostly for personal use
- Occasionally to help another or to sell



Washington nurses, health care workers are dying of opioid overdoses

Sun., Feb. 4, 2018, 6 a.m.



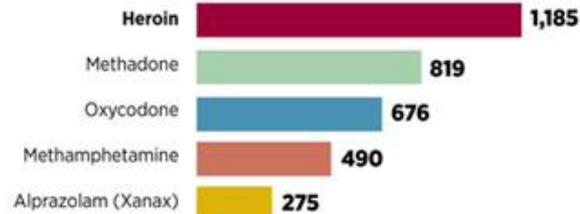
This family photo shows Tami Cleveland with her step-mom, Beth Cleveland on a trip to Dubai. Beth Cleveland, a hospice nurse, died of an overdose of painkillers in 2012. She had sought prescription help for debilitating migraines and inadvertently overdosed. Family photo (family photo / SR)

Opioid overdoses

Compared to their non-medical peers, health care providers are more likely to overdose on prescription drugs, and far less likely to use heroin or methamphetamine.

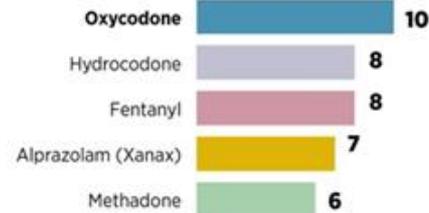
Top 5 drugs on overdose death certificates

2010-2015 (4,020 total overdoses)



Top 5 drugs on health provider death certificates

2010-2015 (33 total overdoses)



Note: Though the data measures people who die of opioid overdoses, death certificates list every drug involved in an overdose. As a result, several of the top drugs appearing on death certificates are not opioids.

Source: Washington Department of Health death records

MOLLY QUINN/THE SPOKESMAN-REVIEW

Overdose deaths analyzed

To determine the number of deaths, The Spokesman-Review searched the Department of Health's database of healthcare provider licenses using a separate health department list of Washingtonians who had died of opioid overdoses from 2010 to 2015.

We assembled a list of the dead that shared a first, middle, last name and birth date with a license holder and individually verified each match was the same person by searching obituary records, social media profiles and other public information for mention of a profession or place of work. We also contacted family members where possible.

Our investigation found a total of 64 people sharing the same name and birth date as active licensed health care providers who died from opioid overdoses in the same timeframe, but we were only able to individually verify 33 of those name through obituaries or employment records.



Methods of Diversion in Hospitals

- Diversion of waste or during waste process
 - Pulling a larger dose than ordered for patient
 - Frequent spills/patient dropped/patient refused
 - Virtual waste witness/not observing entire process
- Documenting administration of higher dose than actually given/falsifying documentation
- Substitution/tampering
- Creating fake patients or fake users in automated dispensing cabinets



Drug Diversion – Personal Experience

- Former colleagues and my lack of awareness
 - Knowledge is power
 - Often the least expected person
- Drug Diversion Prevention Rounds/investigations
 - Lack of awareness about diversion or what SUD looks like
 - Need to be empowered to speak up



Drug Diversion Prevention Program

Key Components

- Prevention
 - Policies & Procedures
 - Education
- Detection
 - Monitoring
 - CS accountability
- Response
 - Fair, consistent investigation
 - Appropriate reporting
 - Quality improvement action plan



**PROTECT YOUR PATIENTS,
PROTECT YOUR LICENSE.**

- When you remove a product from Pyxis, you are responsible for documentation of the administration, waste, and/or return.
- Remove only enough to administer the dose ordered. Do not remove multiple doses at once.
- Prepare the dose just prior to administration, and ensure timely waste or return of any remaining controlled substances.
- Do not hand-off partial vials.
- Do not hand-off any controlled substance across shifts. This includes full, intact vials.

Please reach out to your manager if you have questions.

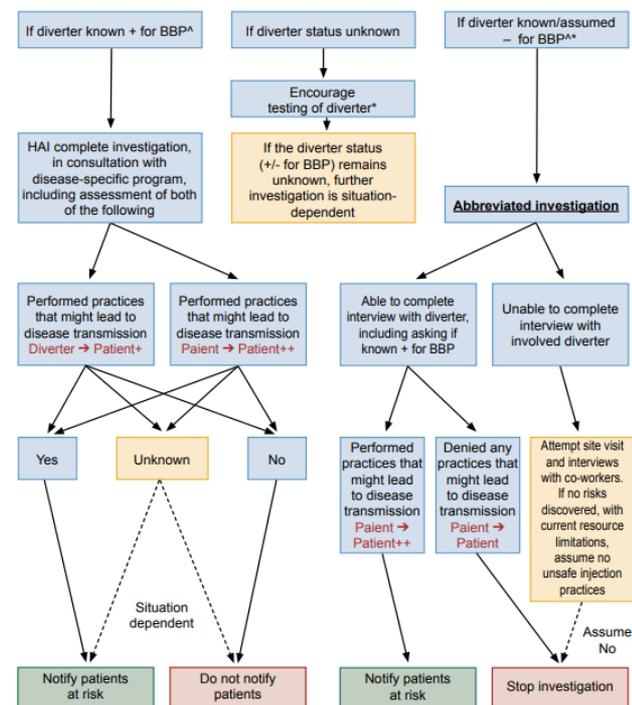
Together we can maintain safety and security—for our patients and each other.



Drug Diversion - Considerations

Assess for Patient Harm

- Patient complaints/reports of inadequate pain management or awareness during case/procedure
- Bloodborne pathogens
 - Unusual hospital acquired infections
 - Employee permission to test
 - Consider engaging local health department



Resources

- [ASHP Guidelines on Preventing Diversion of Controlled Substances](#)
- [Road Map to Controlled Substance Diversion 2.0](#)
- [Healthcare Worker Diversion Prevention Toolkit \(NCHA\)](#)
- [Healthcare-Associated Infections \(HAI\) Drug Diversion Planning and Response Toolkit for State and Local Health Departments \(CSTE\)](#)



Questions/Discussion



Contact:

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