

# DRUG DIVERSION

## Understanding the Controlled-Drug Chain of Custody in a Hospital Setting

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# Disclosure Statement

Bradley N. Nix, PharmD

***DRUG DIVERSION***  
***Understanding the Controlled-Drug Chain of  
Custody in a Hospital Setting***

I have no financial or non-financial relationships to disclose.



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# Objectives

- ❖ Overview Drug Diversion in Health Care
- ❖ Describe a Drug Diversion Prevention Program
- ❖ Introduce the Chain of Custody in the Hospital Setting
- ❖ Illustrate Pharmacy Technician Positions



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# OVERVIEW OF DRUG DIVERSION IN HEALTH CARE



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# Overview <sup>1-8</sup>

- ❖ What is Diversion?
  - The transfer of a controlled substance from a lawful to an unlawful channel of distribution or use
  - “Diversion is a criminal act” <sup>5</sup>
- ❖ How prominent is diversion in healthcare settings?
  - “If you are a healthcare employer, you have a drug diversion problem” <sup>6</sup>
  - 10-15% of all healthcare professionals will misuse drugs or alcohol at some time during their career <sup>1-8</sup>
  - Millions of doses and Billions of dollars



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# Overview <sup>1-8</sup>

- ❖ Who tends to divert?
  - Medical practice or pharmacy settings
    - 15% pharmacists, 10% nurses, 8% providers <sup>7</sup>
    - Risk for drug diversion <sup>5</sup>
    - Addiction/Dependence at the same rate as the general public is a “major driver for diversion” <sup>8</sup>
    - High Access/Low Surveillance Areas
  - Small percentage detected/reported/caught <sup>6,11,12</sup>
    - Covid-19 decreased funding to diversion programs
    - Personnel turnover
    - Potentially “anyone and anywhere” <sup>12</sup>



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# Overview <sup>1-8</sup>

## ❖ What is the impact? <sup>6-8</sup>

### ➤ Diverters

#### ■ Personal Health

- Addiction/dependency
- Infection
- Overdose/death

#### ■ Criminal Costs

- State, Federal, Civil Convictions/Incarceration
- Personal/Professional Fines
- Suspension/Loss of Professional License



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# Overview <sup>1-8</sup>

## ❖ What is the impact? <sup>6-8</sup>

### ➤ Patients

- Inadequate/Inappropriate Drug Therapy
  - Theft = omitted doses
  - Dilution = subtherapeutic/alternative doses
- Patient Harm
  - Tampered drugs = infection
  - Substituted drugs = adverse reaction
- Impaired healthcare worker = ∞



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# Overview <sup>1-8</sup>

## ❖ What is the impact? <sup>6-8</sup>

### ➤ Public

- Essentially unforeseen
  - Impairment = accidents
  - Often impacting organization
- Unlawful distribution
  - Contributes to “black market”
  - National crisis <sup>5</sup>



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# Overview <sup>1-8</sup>

## ❖ What is the impact? <sup>6-8</sup>

### ➤ Organizations

#### ■ Product loss

- Actual cost of goods
- Potential charges

#### ■ Impairment = loss of healthcare workers

#### ■ Fines/Settlements

- Fraudulent charges
- Controlled Substances Act violations
- “if the organization has no, or did not follow, policy” <sup>6</sup>



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# Overview <sup>1-8</sup>

- ❖ Who is watching? <sup>4</sup>
  - Legal Agencies
    - Drug Enforcement Administration
    - Professional Boards
    - Local and State Authorities
  - Compliance Standard Agencies
    - The Joint Commission
    - Centers for Medicare & Medicaid Services
    - Centers for Disease Control and Prevention
    - Institute for Safe Medication Practices



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# Overview <sup>1-8</sup>

- ❖ Who is watching? <sup>4</sup>
  - Professional Organizations for Best Practices
    - International Health Facility Diversion Association
    - National Association of Drug Diversion Investigators
    - National Association of State Controlled Substances Authorities
    - National Association of Boards of Pharmacy
    - National Council of State Boards of Nursing



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# DESCRIBE A DRUG DIVERSION PREVENTION PROGRAM



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# Fundamental Components 4,7,9-12

- ❖ Core Administrative Elements
  - Legal and regulatory requirements
    - Controlled Substances Act
    - Joint Commission Medication Management Standards
    - Local and State Law Enforcement
  - Organization oversight and accountability
    - Written Policy and Procedure
    - Inventory/Drug Movement Standards
    - Credentialing and Access



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# Fundamental Components 4,7,9-12

- ❖ System-level Controls
  - Human resources management
    - Credential/Background Checks
    - Onboarding Drug Testing
    - Education/Training
  - Automation and technology
    - Bio-ID
    - Medication scanning
    - Tamper detection
    - Limited access secured stock



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# Fundamental Components 4,7,9-12

## ❖ System-level Controls

- Monitoring and surveillance
  - Cameras/motion sensors
  - Witness requirements
  - Perpetual (physical count) inventories
- Investigation and reporting
  - ADC daily activity/discrepancy reports
  - Multidisciplinary investigation team
  - DETAILED and TRANSPARENT policies



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# Fundamental Components 4,7,9-12

- ❖ Provider-level Controls
  - Chain of Custody
    - Document/EHR match
    - Multiple signature verification
  - Storage and security
    - Limited ADC access
    - Multiple signature verification
  - Internal pharmacy controls
    - Inventory protocols
    - Random activity audits
    - Multiple signature verification



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# Fundamental Components 4,7,9-12

- ❖ Provider-level Controls
  - Prescribing and administration
    - Prescription pad security
    - Checks and balances
    - Multiple signature verification
  - Returns, waste, and disposal
    - Receptacle security
    - Deactivation/neutralization
    - Multiple signature verification



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# Chain of Custody (Hospital Setting) <sup>1,2,7,9</sup>

- ❖ Procurement
  - Missing/misfiled purchase order/packing slip
  - Individual orders on stolen DEA 222
  - Compromised containers
- ❖ Preparation and Dispensing
  - Packaging similarities
  - Removing/replacing contents of vials or IV bags
  - Collecting verfill
  - Replacing drawn doses with saline or other drugs



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# Chain of Custody (Hospital Setting) <sup>1,2,7,9</sup>

- ❖ Prescribing
  - Theft/forgery of prescription pads or papers
  - Prescriptions for out-of-scope recipients
  - Unverified verbal orders
  - Altered prescriptions
- ❖ Administration
  - ADC removals for inappropriate patients
  - Improper dose documentation
  - Waste not witnessed
  - Therapeutic replacements given to patients



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# Chain of Custody (Hospital Setting) <sup>1,2,7,9</sup>

- ❖ Waste / Removal
  - Removals from unsecured containers
  - Syringe contents replaced with saline
  - Expired products removed from “holding”
- ❖ Recommendations for Pharmacy Technicians
  - Focus on workflow
  - Document, document, document
  - Continue education and training
  - Multiple signature verification



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# ILLUSTRATE PHARMACY TECHNICIAN POSITIONS



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# Pharmacy Technician Positions <sup>13</sup>

- ❖ Traditional Roles and Responsibilities
  - Continued education and awareness
  - Compliance
    - Local, state, and federal laws
    - Regulatory agencies
    - Organization policies
  - “-under the direct supervision of the pharmacist.”



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# Pharmacy Technician Positions <sup>13</sup>

- ❖ Diversion Monitoring Project Manager
  - Maintain a comprehensive surveillance, auditing, and review program
  - Lead Quality Improvement processes
  - Conduct random audits to identify high risk areas
  - Reconcile outlier ADC activity
    - Research activities with Nursing Unit leadership
    - Timely resolution of discrepancies
  - Generate ADC information pertaining to investigation



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# Pharmacy Technician Positions <sup>13</sup>

- ❖ Pharmacy Automated Dispensing Cabinet (ADC) Coordinator
  - Oversee ADC controlled substance inventory
  - Audit ADC activity
    - Daily ADC Reports
    - Document potential diversion activities
  - Reconcile outlier ADC activity
    - Research activities with Nursing Unit leadership
    - Timely resolution of discrepancies
  - Generate ADC information pertaining to investigation



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# Pharmacy Technician Positions <sup>13</sup>

- ❖ Pharmacy Loss Prevention Specialist
  - Conduct onsite audits of inventory logs
  - Maintain receiving procedures
  - Monitor inventory of all controlled substances on hand
  - Investigate perceived or confirmed diversion / theft
  - Recommend process improvements to internal leadership



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# THANK YOU!

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