

Drug Diversion



Opioid Diversion: Do You Know What is Leaving Your Department?
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US Opioid Crisis

Diversion

In 2019
148 Million Doses¹
Lost to diversion

Over half diversion takes place in a hospital, medical center or medical office⁴

The Crisis

Drug Diversion

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US Opioid Epidemic!

The Crisis

Drug Diversion

Almost 1 Million²
People have died from
Drug Overdoses
Since 1999!

72%, 7 out of 10 deaths are from Opioids

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US Opioid Epidemic!

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Drug Diversion

38,800³
People died in 2019 from
CAR ACCIDENTS

81,000⁴
People died from an **Opioid Overdose**
in 2020!

CDC Report

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US Opioid Epidemic!

The Crisis

Drug Diversion

OVER 136⁵
People die everyday from OD

Over 96,700 ²
People died from an **Opioid Overdose**
in 2021!

CDC Report

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US Opioid Epidemic!

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Drug Diversion

1,259/deaths this year in WA State²

4,377/deaths this year in PA²

Opioids exceeded Homicides by 307%

Opioids Exceeded MVA deaths by 249%

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US Opioid Crisis

The Crisis

Drug
Diversion

In my 21 years of nursing, I have known of

10 Confirmed Incidents

Diversion /Addiction/ Overdose /Death
of coworkers or friends

It's time for CHANGE!

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How Did We Get Here?

The Crisis

Drug
Diversion

Mass Marketing of Opioids **1990's**⁵
&
Prescription OD Deaths Take Rise, **1999**⁵
&
Rise of Heroin Deaths **2010**⁵
&
Marketing of Pain is the 5th vital sign
&
Press Ganey Scores heavily linked to Pain
Management Providers Pushed-to-treat
"Pain" is what the patient says it is...
&
Synthetic Opioid Deaths from Illicit Fentanyl,

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How Did We Get Here?

The Crisis

Drug
Diversion

2020- Current

Covid Relaxed Controls on Opioids
Increased Manufacturing
Increased Dispensing Locations
Staff Re-Assignments
Overflow- ICU's
Lack of Staffing Oversight

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How Did We Get Here?

The Crisis

Drug
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2020- Current

Covid Related- Life Stress⁴
School Closings
Physical Stress- PPE **24/7**
Critical Staffing Shortage
Emotional Stress, Isolation
Shut-Downs, Mandates
Extended Illness, Death, Loss, Long haulers
Financial Stressors, Job Loss
Re-Assignment
Surgery Restrictions, Loss of Hours
Surgical Back-log
Sicker- Higher acuity of Surgical Population

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How Did We Get Here?

The Crisis

Drug
Diversion

2021- Current

Open Border
Influx of Synthetic Fentanyl
Massive Increase in Supply
Synthetic Fentanyl leading Cause of OD

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Definition of Diversion

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Drug
Diversion

The transfer
of a controlled substance
from a lawful to an unlawful
distribution.⁷

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How Did we get here ?

The Crisis

Drug Diversion

21-29% Opioid Rx for chronic pain are misused.⁶

8-12% Of Opioid use for chronic pain develops into a disorder.⁶

1.7 Million People report suffering from substance abuse disorder⁶

4-6% Misusers escalate to Heroin.⁶

80% Heroin users began with an Opioid Rx.⁶

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How Did we get here ?

The Crisis

Drug Diversion

Opioid Rx Refill Statistics²⁰

16 Million Americans > 12 y/o Abuse Rx Annually²⁰

2 Million are Addicted²⁰

4 out of 5 Pharmacy Rx are for Opioids²⁰

40% Each Refill, Increases Misuse Risk

Kati's Story Oxycodone to Fentanyl
<https://youtu.be/BG70kTLfS7w>

Misuse is Defined as:
Dependence
Abuse
Overdose

Continuous Opioid Use After **2-10 Days** Can Cause Dependence & Trigger Acute Withdrawal Symptoms¹¹

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How Did we get here ?

The Crisis

Drug Diversion

Opioid Rx Statistics²⁰

40-94% Opioid Rx are NOT USED

50% Of Adults Get Opioids from family & friends

55% Of Teens Get Opioids from family & friends

Self Check- What is in your Medicine Cabinet?
CTA- Discard of unused doses properly!

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How Did we get here ?

Fentanyl The Death Opioid

Outpaces Opioid Rx OD deaths by **550%**

42,700 in 2020

1,000,000 Lethal doses in **1 KG** of Fentanyl²¹

30,000,000 Lethal doses in **1 KG** of Carfentanyl²¹

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How Did we get here ?

Fentanyl The Death Opioid

Asphyxiation & Hypoxia leading cause of death

Chest Wall Rigidity & Laryngospasm r/t IVP

FIMR, Fentanyl-Induced-Muscle Rigidity
WCS, Wooden Chest Syndrome
1-2-minute onset, duration **8-15 minutes**²¹

Multiple Narcan Doses are needed to Reverse FIMR^{20,21}

Paralysis and Intubation is needed to Reverse WCS^{20,21}

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How Did we get here ?

Fentanyl The Death Opioid

The Lethality is because of "Hot Spot"

A hot spot is a high concentration of fentanyl within a mix of other product(s)

A speck of Carfentanil can cause Respiratory Arrest in Seconds and is the Leading Cause of OD

Officer OD when handling fentanyl evidence w/gloves

<https://youtu.be/4gA61UowVHK>
<https://youtu.be/trwS2642lpg>

Multiple Narcan Doses are VITAL to Reverse

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Substance Use Disorder

Substance Use Disorder

The Crisis

Drug
Diversion

Is a Chronic Illness
Stages:¹⁷
Experimentation
Regular Use
Risky Use
Dependence
Addiction

Continuous Opioids After **2-10** Days Can Cause Dependence & Trigger Acute Withdrawal Symptoms¹¹

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Diversion Stats

The Crisis

Drug
Diversion

ANA Reports⁷
1 in 10, 10%
Healthcare providers divert Opioids
You are statistically working with a diverter

6-20% Diversion Rate Some Estimates⁹

WHPS Estimates **15%** of Nurses

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Diversion RISK

The Crisis

Drug
Diversion

Every Institution & Every Department is at Risk for Diversion that use Controlled Substances

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The Truth of Diversion

We don't know... the True Volume

The Crisis

Drug
Diversion

Data is not available...
No Research to pull from...
News Reports give us a fraction of insight...
It is an Act that needs DISCOVERY....
It is Covert & Hidden....
Under Reported...
If Discovered Still... Under Reported...
Fear of Negative PR...

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Diversion REGULARITY

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Drug
Diversion

"Any institution that is not discovering diverters with some regularity is not looking hard enough."¹²

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Diversion REGULARITY

"Regularity"

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Drug
Diversion

An Organization of **1,000** Nurses that has a Diversion Program Averages ...

Initial Discovery **3-4** Incidents / month
Then Averages on **1-2** Incidents / month

Likely controlled substances for their own use¹²

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Diversion REGULARITY

The Crisis

**Drug
Diversion**

Hospital Executives
Management
Nurses
MD

Need to fully understand the
GRANDNESS
of
the problem!

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Diversion RISK

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**Drug
Diversion**

Every Institution
&
Every Department
is at Risk for
Diversion
that use
Controlled Substances

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Diversion PLAN

"Failure to Plan is a Plan to Fail!"
- Benjamin Franklin and Winston Churchill
CTA- Make a PLAN!

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**Drug
Diversion**

Implement a Diversion Oversight Committee¹²

Implement at Diversion Response Team¹²

Perform Unannounced Risk Rounds¹²

Educate Nursing Management on Diversion

Educate on Management on Report Analysis¹²

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Diversion PLAN

"Failure to Plan is a Plan to Fail!"
- Benjamin Franklin and Winston Churchill

The Crisis

**Drug
Diversion**

Educate Charge Nurse or Team Leads on:

Discrepancy Resolution¹²

Diversion by Substitution, Tampering¹²

Handling Suspected Incidents of Unrelieved Pain¹²

How to Handle Suspicion of Diversion¹²

How to Handle Suspicion of Impairment¹²

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Diversion PLAN

Educate all Staff :

The Crisis

**Drug
Diversion**

Upon Hire & Annually on Diversion¹²

**TRUTH- NEVER HAD EDUCATION
ON DIVERSION**

ONLY SUBSTANCE ABUSE

Promote A "Just Culture"⁷

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Deter the Diversion

What to Do?^{7,12}

The Crisis

**Drug
Diversion**

Prevention Plan

Evaluate Systems in place

Narcotics ALWAYS Secure...

Problem...Unsecured Substances at Workstations

**NO DILUTING!
CALL TO ACTION!**

- IMPLEMENT LOCK BOXES IN PACU

DON'T MAKE IT EASY TO DIVERT

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Deter the Diversion

The Crisis

Drug Diversion

What to Do?^{7,12}

Policy Review

- Goal Improve practice & minimize opportunity
- Timing from drug pull to administration
- Waste at time of dispense
- Implement Safe drug Handling practices

Move towards single dose dispensing

Seek purchasing single dose vials only

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Deter the Diversion

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Drug Diversion

What to Do?⁷

Awareness

*With Awareness of the Regularity of Diversion,
One can No Longer Turn a Blind Eye*

**“See Something,
Say Something”**

JUST CULTURE

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Deter the Diversion

The Crisis

Drug Diversion

In A Just Culture⁷

Reporting is ENCOURAGED!

Self Reporting...Encouraged... EAP!

Let the Other **85-90%** be your EYES

!

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Deter the Diversion

The Crisis

Drug Diversion

Just Culture^{7,8}

- Improves patient safety
- Empowers employees to actively monitor workplace
- Encourages safety improvement
- Focus on managing human behaviors to improve safety
- System redesign to improve safety from human error
- Employees accountable for actions
- Employees accountable to their teams
- Focus:
- Risk-System-Design-Human Factors-Patient

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Identifying Diversion

The Crisis

Drug Diversion

Identifying Patterns

Poor Practice -Vs - Diversion

- Missed waste
- Failure to document dose
- Delay from pull to administration
- i.e., In nurses' pocket for an hour

Plan

- Re-education
- Policy review
- Chart audits

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Identifying Diversion

The Crisis

Drug Diversion

Identifying Patterns

Early Signs of Diversion Practice^{7,12}

- Repeated dropped dose - waste
- Repeated refused dose - waste
- Repeated override pulls
- Repeated “helping” to medicate only opioids to co-worker’s patients
- Frequent disappearances

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Identifying Diversion

Identifying Patterns

<p style="font-size: small;">The Crisis</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p>Drug Diversion</p> </div>	<p><u>Early Signs of Diversion Practice</u> ^{7,12}</p> <p>Repeated bathroom breaks</p> <p>Most diversion happens in the bathroom</p> <p>Patients complain of unrelieved pain</p> <p>Prefer nights or weekend shifts</p> <p>Hard workers, sign up OT</p> <p style="padding-left: 20px;">Need frequent access to supply</p>
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Identifying Diversion

Identifying Patterns

<p style="font-size: small;">The Crisis</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p>Drug Diversion</p> </div>	<p><u>Early Signs of Diversion Practice cont.</u> ^{7,12}</p> <p>Preceptors- steal new employee's passwords</p> <p>Needing RX pad frequently for a provider</p> <p style="padding-left: 20px;">Steal DEA codes to make fraud Rx</p> <p>Single opioid of choice</p> <p style="padding-left: 20px;">Pattern of not wasting remaining doses</p> <p style="padding-left: 20px;">Pattern of missed dose documentation</p> <p style="padding-left: 20px;">Escalating missing doses over time</p>
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Identifying Diversion

Identifying Patterns

<p style="font-size: small;">The Crisis</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p>Drug Diversion</p> </div>	<p><u>Early Signs of Diversion Practice cont.</u> ^{7,12}</p> <p>"Waste buddies" (assumed trust)</p> <p>Unwitnessed waste: wasting before amount can be confirmed by witness</p> <p style="padding-left: 20px;">– diverter will find passive coworkers</p> <p>IF YOU AGREE TO UNWITNESSED WASTE, YOU ARE ENABLING DIVERSION & AGREEING TO AN UNLAWFUL ACTIVITY</p> <p>Add Comment: "Unwitnessed" it will trigger a report</p>
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Identifying Diversion

Identifying Behavioral Changes

<p style="font-size: small;">The Crisis</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p>Drug Diversion</p> </div>	<p><u>Late Signs of Diversion</u> ^{7,12}</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Poor Judgment</td> <td style="width: 50%;">Slurred Speech</td> </tr> <tr> <td>Mistakes</td> <td>Impulsive</td> </tr> <tr> <td colspan="2">Behavior</td> </tr> <tr> <td>Charting Errors</td> <td>Jittery</td> </tr> <tr> <td>Drowsiness</td> <td>Tremors</td> </tr> <tr> <td>Forgetful</td> <td></td> </tr> <tr> <td>Project Blame</td> <td>Excessive "Sick Days"</td> </tr> <tr> <td>"No Show"</td> <td>Frequent "Personal"</td> </tr> </table>	Poor Judgment	Slurred Speech	Mistakes	Impulsive	Behavior		Charting Errors	Jittery	Drowsiness	Tremors	Forgetful		Project Blame	Excessive "Sick Days"	"No Show"	Frequent "Personal"
Poor Judgment	Slurred Speech																
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"No Show"	Frequent "Personal"																

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Diversion BY Substitution

Diversion by Substitution

IS BLATANT/OVERT/HARMFUL = RED FLAG!

<p style="font-size: small;">The Crisis</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p>Drug Diversion</p> </div>	<p>Found Opened/Tampered vial in Pyxis</p> <p>Likely- Diversion by Substitution...saline, tap water</p> <p style="margin-top: 20px;">THOUSANDS OF REPORTED INCIDENTS OF HEP B, C AND HIV TRANSMISSION VIA DIVERSION BY SUBSTITUTION / IVDA </p>
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Diversion BY Substitution

Diversion by Substitution

IS BLATANT/OVERT/HARMFUL = RED FLAG!

WHAT TO DO?

Do Not Mistake...

Thinking manufacturing discrepancy... and waste- NO!

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Diversion BY Substitution

WHAT TO DO?

The Crisis

**Drug
Diversion**

- Obtain photographic evidence
- Leave untouched in situ
- Activate DRT, Diversion Response Team¹²
- Activate Nursing Management & Pharmacy
- Examine controlled substance inventory for additional tampering¹²
- Use tamper evident caps on all injectables

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Diversion BY Substitution

WHAT TO DO?

The Crisis

**Drug
Diversion**

- Anonymous assess for a reasonable suspect¹²
- Call additional support if indicated
 - Risk management
 - Safety, Security, HR
 - Infection Prevention¹²
- Risk assessment for patient harm¹²
- Transfer of blood borne pathogens
- Failure to meet pain needs

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Diversion BY Substitution

Maintain Chain of Custody – Evidence

Collection

**Drug
Diversion**

(Discovery → Recovery)

Examination

Meticulous handling to protect integrity of evidence

- Do not disturbing potential fingerprints
- Document finding events:
- Patient list in department at time of discovery
- ALL STAFF Names at time of discovery
- All Healthcare Workers Who had access to storage Names of who handled evidence. Storing conditions. Analysis

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Suspicion of Diversion

WHAT TO DO?

The Crisis

**Drug
Diversion**

- You have reasonable suspicion¹², a suspect...
- Activate DRT, Nursing Leadership, Pharmacy
- Anonymous remove suspect employee from patient care – By DRT¹²
- Timely response¹² is important- same shift
- Audit dispensing cabinet reports¹² – By Pharmacy
- Statistical outlier not enough for reasonable suspicion
- One drug pattern is enough for reasonable suspicion

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Suspicion of Diversion

WHAT TO DO?

The Crisis

**Drug
Diversion**

- Diversion Response Team¹²
- Interview of Suspect
 - Diversion Specialist (objective)
 - Pharmacy and Nursing Manager (bias)
- Direct questions:
 - Do you have drugs on you, in personal bag, locker¹²?
 - Are you under the influence of controlled substances?

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Suspicion of Diversion

WHAT TO DO?

The Crisis

**Drug
Diversion**

- Diversion Response Team¹²
- Interview of Suspect
 - Are you willing to take a drug test¹²?
 - How are you diverting¹²?
 - How long have you been diverting¹²?
 - Has patient safety been placed at risk¹²?

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Addiction Resources

Help for Healthcare Diverters?

The Crisis

EAP, Employee Assistance Programs
Drug Addiction, NA
Alcohol Addiction, AAA

Unfortunately, with confession of diversion, termination follows and termination of insurance and support for recovery

Offering Immediate Medical Support -Ed
Withdrawal Care
Overdose Medical Care
Assessing for Self Harm- Psychological Eval

**Drug
Diversion**

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DUTIES With Diversion

What to Do?

The Crisis

Prompt Notification of Authorities, from Institution^{7,12}

DEA- This Is A Federal Regulation Report in 1 day
State Regulatory Board
Law Enforcement
Pharmacy Board
FDA
OCI, Office Of Criminal Investigation
OIG, Office Of Inspector General

DRT, Diversion Specialist, duty
Pharmacy duty to report if not DRT

**Drug
Diversion**

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Addiction Resources

State Boards of Nursing

The Crisis

Have Help for Nurses with Substance Use Disorder

ADP
Alternative – to - Discipline Programs

NCSBN, National Council of State Boards of Nursing

Video on Substance Use Disorder in Nursing
https://youtu.be/fHbfza_6_Lg

**Drug
Diversion**

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Addiction Resources

SAMHSA, Substance Abuse and Mental Health Services Administration¹⁹

The Crisis

National Help Line...
It is FREE & CONFIDENTIAL!

Get Help: 1-800-662-HELP (4357)

Fast Way to find Referral Services for Treatment With Confidentiality

822,508 Calls Received in 2020!

**Drug
Diversion**

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

Addiction Resources

Washington State has... Washington Health Professional Services (WHPS)

The Crisis

Provides monitoring services, as an alternative to license discipline
Allowing many nurses to resume working and serve the community¹⁴

Get Help: 360-236-2880

Fastest Way to Recovery & Treatment With Confidentiality
"The only thing you can do wrong is to do nothing"¹⁴

**Drug
Diversion**

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RE- Entry to Work

Washington Health Professional Services (WHPS)^{14,16}

The Crisis

Abstinence is the goal!
Return with practice contract requirements
Worksite monitoring- manager monthly reports
No controlled substance access
Determine who will to administer for nurse
Limited hours, days only, no OT, no nights
Limited employment, needs approval from WHPS
M-F, Random drug screening requirements
AAA/NA Attendance requirements
1 Year commitment minimum
If relapse occurs- work suspension required

**Drug
Diversion**

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Team Recovery after Diversion

Team Recovery

The Crisis

Drug Diversion

Many Employers Say nothing
Due to a Federal Confidentiality law

Gossip follows, and feelings of:
Shock
Distrust
Fear
Denial
Resentment

Increased workload when employee returns in a recovery program¹⁶

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Team Recovery after Diversion

Team Recovery

The Crisis

Drug Diversion

Use the experience as an opportunity to bring teams together to improve safety and care within the department

We need to Care Enough to Help
and
Support Colleagues to Recover from this Difficult Illness¹⁶

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ASPAN's Position Statement #8¹⁵

Advocates For A Culture Of Safety In All Settings

All Perianesthesia Nurses Should Be Aware Of:

The Crisis

Drug Diversion

- The perianesthesia area is a high-risk area for diversion
- High risk area for substance abuse
- Importance of reporting suspect behaviors
- Board of nursing reporting requirements
- Board of nursing treatment options
- Supportive work environment for recovering healthcare team in the recovery process
- Institutional policy on controlled substance access and handling

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Diversion, Divert your Thinking

PeriAnesthesia Setting

The Crisis

Drug Diversion

Patients Present With:

1 In 5 has an Alcohol Disorder^{11,18}

1 In 3 has A Nicotine Disorder^{11,18}

1 In 10 Patients Has A Drug Use Disorder^{11,18}

Healthcare Providers Present with:

1 In 10 Diverting^{7,12,16}

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Diversion, Divert your Thinking

Get Comfortable With

The Crisis

Drug Diversion

Diversion Prevention
Diversion Identification
Cultivating A Just Culture
Reporting Diversion Suspicion
Supporting Workers in Recovery

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Must Reads & Viewing

The Crisis

Drug Diversion

"Drug Diversion Prevention in Healthcare," Kimberly New, BSN, JD, RN. ISBN-13: 978-1556459378, 2016.

Washington Health Professional Services. (2016, March 6). *A Guide for Assisting Colleagues Who Demonstrate Impairment in the Workplace*. Doh.Wa.Gov. Retrieved February 9, 2022, from <https://www.doh.wa.gov/portals/1/Documents/Pubs/600006.pdf>

WA State Department of Health. (2020, November 1). *Washington Health Professional Services Worksite Monitor Education Course*. Doh.Wa.Gov. Retrieved February 10, 2022, from <https://www.doh.wa.gov/portals/1/Documents/Pubs/669384.pdf>

National Helpline. Substance Abuse and Mental Health Services Admin. <https://www.samhsa.gov/find-help/national-helpline>

NCSBN. Substance Use Disorder in Nursing https://youtu.be/7Hbfza_6_Lg

National Center for Drug Abuse Statistics <https://drugabusestatistics.org>

National Database of Known Drug Diversion, Over 515 Incidents <https://healthcarediversion.org>

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The Crisis

Drug Diversion

Inspiration For the journey!

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"Don't keep delaying the act of asking for help. Finding the courage to speak with an addiction professional may be the first most significant step on your journey to recovery" - Anonymous

"Our greatest glory is not in never failing, but in rising up every time we fail" - Ralph Waldo Emerson

"Mistakes are bound to happen. Everyone makes them. Every time you experience a relapse, tell yourself it is not over yet. Pick yourself up and try one more time" - Anonymous

"The best way out is always through" - Robert Frost

"First you take a drink, then the drink takes a drink, then the drink takes you." - Francis Scott Key Fitzgerald

"We don't choose to be addicted; what we choose to do is deny our pain." - Unknown

"If you chased your recovery like you chased your high, you would never relapse again." - Unknown

"Hardships often prepare ordinary people for an extraordinary destiny." - C.S. Lewis

"Remember just because you hit bottom doesn't mean you have to stay there." - Robert Downey

"I understood myself only after I destroyed myself. And only in the process of fixing myself, did I know who I really was." - Unknown

"The path to recovery isn't a sprint; instead, it is an endurance race with many hurdles to overcome. You must be prepared to face the new challenges associated with your recovery program." - Anonymous

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The Crisis

Drug Diversion

Post Test

Drug Diversion is a regular occurrence in America's Healthcare Systems?

- True
- False

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The Crisis

Drug Diversion

Post Test

Drug Diversion is a regular occurrence in America's Healthcare Systems?

- True
- False

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The Crisis

Drug Diversion

Post Test

The Opioid Epidemic is a national problem that has origins leading back to _____ for short term pain management?

- Opioid prescription at the time of discharge from surgery
- Lack of proper disposal of unused prescribed opioid medication
- Sharing of unused prescribed opioid medication to a friend or family
- All of the above

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The Crisis

Drug Diversion

Post Test

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Post Test

The Crisis

Drug Diversion

The proper definition of drug diversion is?

- a. Asking the relief nurse to medicate a patient with a dose of fentanyl laying on workstation
- b. Not wasting of an opioid in a timely manner from dispensing to administration
- c. Transfer of a controlled substance from a lawful to an unlawful distribution
- d. Calling pharmacy to evaluate par levels in your pyxis

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Post Test

The Crisis

Drug Diversion

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Post Test

The Crisis

Drug Diversion

To address drug diversion, every facility should implement a ?

- a. Diversion oversight committee
- b. Diversion response team
- c. Regular education on awareness of drug diversion, information sharing
- d. Just culture to embrace regular reporting and safety
- e. All of the above

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Post Test

The Crisis

Drug Diversion

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Citations

Drug Diversion

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Thank You!

The Crisis

Drug
Diversion

See Something...

Say Something...

You could very well

SAVE a Life!

Nurse Cathy