Substance Use Disorder Series

MODULE 6

Harm Reduction, Overdose Treatment, Colleagues, Maintaining Sobriety, and Diversion

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Disclosures

- Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation

Learning Objectives

1. Simulate treatment of a patient who has overdosed
2. Analyze the risks and benefits of harm reduction programs
3. Perform appropriate actions when concerned about a colleague with a possible substance use disorder
4. Recommend techniques to help a patient maintain sobriety
5. Detect and prevent drug diversion

Simulate treatment of a patient who has overdosed

MARSHALL
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The Opioid Epidemic

- The United States of America (USA) only has around 4.6% of the world's population[1]
- In 2013, the USA consumed:
  - 81% of the world's oxycodone
  - Nearly 100% of the world's hydrocodone
  - 30% of all the world's opioids[2]

1. Solanki DR, Koyyalagunta D, Shah R V, Silverman SM, Manchikanti L. Monitoring opioid adherence in chronic pain patients: assessment of risk of substance misuse. *Pain Physician*. 2011;14(2):E119-E131. http://www.ncbi.nlm.nih.gov/pubmed/21412377. accessed 4-25-2019

2. https://archives.drugabuse.gov/testimonies/2014/americas-addiction-to-opioids-heroin-prescription-drug-abuse accessed 8-16-2019

The Opioid Epidemic cont.

- In 1999, there were less than 17,000 overdoses (ODs) in the United States
  - In 2007, there were more than 36,000 OD deaths
  - In 2017, more than 70,000 Americans died from an overdose
- Opioid overdoses are particularly deadly
  - More than 47% of OD deaths in 1999
  - 51.4% of OD deaths in 2007
  - Almost 68% of OD deaths in 2017

https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates accessed 8-15-2019

Drug Overdose

- Presentation/severity varies depending on the substance
  - Stimulants cause heart attacks and strokes
    - There is no antidote to reverse a stimulant OD
    - Treatment relies on supportive care
  - Opioids and other “downer” medications typically stop patients from breathing
    - Naloxone is an antidote that completely reverses an opioid OD
    - However, naloxone does not help with other “downer” overdoses
- Opioid ODs are more than 50% of all ODs
  - Widespread availability of naloxone can make an impact on this figure
    - Prevents opioid overdose-related fatalities

Opioid Overdose

- Opioids can cause severe respiratory depression
  - If breathing less than 1 breath every 10 seconds (6 breaths per min), patient needs rescue
    - “Death rattle” is common
  - May or may not have a pulse
  - Skin color changes
    - Commonly described as blue, grey, or purple
    - Lips and fingertips turn first, then face
  - Clenched or rigid body position

Managing an Opioid Overdose

- 3 actions to save a life in an opioid overdose (**ABC**):
  - **Administer naloxone**
  - **Breathe** (or full CPR if needed) for them
  - **Call 9-1-1** for emergency help
    - Order of completion of the above steps does not matter
- However, the time does matter
  - If a patient doesn't breathe for as short as 6 minutes, the patient may die
  - The faster oxygen is restored and naloxone is given, the higher likelihood to save a life

Managing an Opioid Overdose continued

- How do you save a life if someone is not breathing?
  - Breathe for them
    - Always use a safety device to protect yourself (if available)
- Rescue breathing does not work if the patient has no pulse
  - Check the pulse → If no pulse, provide full CPR
- If patient resumes unassisted breathing but consciousness isn't regained, place in the recovery position

Your Actions Matter

- Please note that hesitation and even panic are normal responses in emergency situations (bystander effect)
  - Keep in mind, the emergency will be short lived
    - There is only a limited amount of time to react to the situation to ensure a positive outcome
  - So, take a deep breath, compose yourself, and save a life
- The overdosed patient who has stopped breathing **CANNOT** be harmed by administering naloxone
  - The patient will experience withdraw, but withdrawal is much preferred to death
- Lastly, do NOT expect to be thanked for your efforts
  - Most patients are both ill from withdrawal and very confused for around 5-10 minutes (due to lack of oxygen to the brain)
    - When a patient takes a breath on their own, step back and put your hands up to give space (universal sign that you are not there to harm them)
    - Most patients will even not know their own name directly after an overdose

Analyze the risks and benefits of harm reduction programs

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Harm Reduction

- Harm reduction (HR) is a set of practical strategies aimed at reducing negative consequences associated with drug use
- HR is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs
- Because HR demands that interventions and policies designed to serve drug users reflect specific individual and community needs, **there is no universal definition of or formula for implementing harm reduction**

https://harmreduction.org/about-us/principles-of-harm-reduction/ accessed 8-16-2019

Purpose of Harm Reduction

- **The primary principle behind harm reduction is respect for all human life and the recognition of dignity that is inherently deserved for all humans**

Principles of Harm Reduction (1-4):

1. Accept, for better and or worse, that licit and illicit drug use is part of our world and choose to **work to minimize its harmful effects** rather than simply ignore or condemn them
2. Understand drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledge that **some ways of using drugs are clearly safer than others**
3. Establish **quality of individual and community life and well-being**–not necessarily cessation of all drug use–**as the criteria for successful interventions and policies**
4. Call for the **non-judgmental, non-coercive provision of services** and resources to people who use drugs and the communities in which they live in order **to assist them in reducing** attendant **harm**

https://harmreduction.org/about-us/principles-of-harm-reduction/ accessed 8-16-2019

Principles of Harm Reduction (5-8):

5. **Ensure that drug users** and those with a history of drug use routinely **have a real voice** in the creation of programs and policies designed to serve them
6. **Affirm** drugs **users** themselves **as the primary agents of reducing the harms** of their drug use, and **seek to empower users** to share information and support each other in strategies which meet their actual conditions of use
7. **Recognize that the realities** of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities **affect** both people's **vulnerability to and capacity for effectively dealing** with drug-related harm
8. **Do not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use**

https://harmreduction.org/about-us/principles-of-harm-reduction/ accessed 8-16-2019

What do you Think HR Principles Mean?

- Do HR principles condone drug use?
- Do HR principles encourage risky behaviors?
  - Principle 8 - Do not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use
  - No reliable data has ever shown that patients begin using because clean syringes are available
- Do HR principles seek to remove the inevitable consequences of drug use?
  - Can an inevitability be prevented?
  - Principles 1 and 2 (paraphrased) - Work to minimize its harmful effects
    - **Some ways of using drugs are clearly safer than others**

What do HR Principles Mean?

If you answered yes to any questions on the previous slide, what do you think of:

- Seatbelts in cars?
- Lifejackets in boats?
- Helmets?
- Safety harnesses on roller-coasters?

People do a lot of dangerous things with programs in place to reduce the risks and harms

https://www.youtube.com/watch?v=Cco4BT-KDK8
Switzerland's Challenge

Harm Reduction Strategies

- May include:
  - Health education, including safer injection education, orientation to HIV, and drug treatment services
  - Needle exchange program
  - Naloxone distribution
  - Safe injection sites
  - Alternative, safer substitutions (e.g., methadone, buprenorphine)
  - Basic healthcare services
    - Physical exams
    - HIV/Hep C and other infectious disease testing, screening, and treating
  - Distribution of contraceptives
  - Distribution of sterile injection supplies

Myths vs Fact: Harm Reduction

Myth

- HR programs enable or promote drug use and lead to more users

Fact

- HR encourages safer substance use should someone ever use a substance (legal or illegal)
- HR offers treatment to patients who would not have that opportunity otherwise

https://www.slideshare.net/AIDSProgramsSouthSaskatchewan/harm-reduction-presentation-2014 accessed 8-16-2019

Myths vs Fact: Harm Reduction

Myth

- Patients receiving buprenorphine (with or without naloxone) are substituting one drug for another

Fact

- Buprenorphine products are prescribed at a safe and consistent dose to prevent withdrawal symptoms and drug cravings

https://www.slideshare.net/AIDSProgramsSouthSaskatchewan/harm-reduction-presentation-2014 accessed 8-16-2019

Harm Reduction

Myth

- Responding to overdose calls with naloxone is a waste of resources

Fact

- Providing naloxone to a patient who has overdosed can save a life and gives them an opportunity for treatment and recovery
- Naloxone provision increases the odds of seeking help

https://www.slideshare.net/AIDSProgramsSouthSaskatchewan/harm-reduction-presentation-2014 accessed 8-16-2019

Harm Reduction Benefits

- Offers opportunity for an individual with SUD to stabilize their life
- Reduces the spread of HIV/Hepatitis C
- Reduces harm to those involved and to their friends and family
- Decreases fatal and nonfatal overdoses
- Decreases crime
- Reduces isolation
- Increases support system
- Increases access to healthcare services

Case Study: Scott County Indiana

In early 2015, an HIV outbreak was observed in Scott County, Indiana.

- The U.S. Census Bureau (2017) shows the population of Scott County is around 24,000 people and has remained steady for several years.
- By 2016, over 210 cases of HIV had been diagnosed
  - Historically, there were 5 HIV cases in the county
    - Many also have hepatitis C
- Universities now claim the spread of disease could have been prevented by HR

https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6416a4.htm

https://www.theindychannel.com/news/local-news/scott-county-hiv-outbreak-how-did-it-happen-and-where-does-it-stand

https://www.google.com/publicdata/explore?ds=kf7tgg1uo9ude_&met_y=population&idim=county:18143&hl=en&dl=en

https://www.nejm.org/doi/full/10.1056/NEJMp1901276

https://www.newsandtribune.com/news/yale-study-says-scott-county-hiv-outbreak-could-have-been/article_181a36fa-bdea-11e8-a40b-573ed651f312.html

https://filtermag.org/new-study-syringe-service-providers-could-have-prevented-the-scott-county-hiv-outbreak/

All sites were accessed on 8-26-2019

Drawbacks to Harm Reduction

- Requires lots of resources
  - **Funding** – Can be costly especially in the short-term. However, an effective HR program can actually provide cost savings in the long-term (e.g., decreasing hepatitis C cases thus decreasing associated costs)
  - **Police departments/ambulances** – time spent responding to overdoses
  - **Health Departments**
  - **Special teams** (e.g., Quick Response Team)
  - Many others
- Can bring in populations of substance users to geographic area with HR program
- May increase needles in the community with needle exchange
  - Highlights the importance of educating participants

Alternative to Harm Reduction

Abstinence

- Drug free is the only way to be…
- Well, if you would just quit…
- All addicts lie and hurt others…
- We can keep people clean by drug testing them
- People must hit rock bottom to change
- Any substance use is unacceptable

Harm Reduction

- It is great that you only used once in the last week…
- We have all made mistakes…
- The sooner we help people, the less chance they have of harming themselves and others
- Some people may never stop using, and they need to use in the healthiest way

Cons of Abstinence Programming

- Abstinence can be perceived as judgmental
  - Recognized as lack of compassion or caring
  - No exceptions or understanding
- Abstinence can remove respect from a relationship
  - No longer unconditional love (strings attached)
  - Lose family and friends (connections)
- Forced abstinence takes away a patient's autonomy
  - Forced abstinence mandates people to do things when not ready
- In HR, abstinence is a choice patient can use their autonomy to make

Buchanan, Julie. Drugs, Addiction, Abstinence and Harm Reduction from September 26, 2014.
Ghodse. H (2002) Drugs and Addictive Behavior: A Guide to Treatment (3rd edn). Cambridge: Cambridge University Press.

Perform appropriate actions when concerned about a colleague with a possible substance use disorder

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What Does it Mean to be Impaired?

The American Medical Association defines impairment as, “the inability to practice medicine with reasonable skill and safety due to:

1. Mental illness
2. Physical illness including but not limited to deterioration through the aging process or loss of motor skill
3. Excessive use or abuse of drugs including alcohol”

Adapted from the Public Policy Statement: Physician Illness vs. Impairment by the Federation of State Physician Health Programs, Inc. https://www.fsphp.org/public-policy-statement-physician-illness-vs-impairment Accessed 7/24/19

Who can become impaired?

- Anyone may be!

- It is estimated in:
  - Up to 8-20% of nurses
  - 10% of physicians
  - 5-18% of pharmacists

Adapted from the West Virginia Pharmacist Recovery Network: http://www.wvprn.com/faq.asp and the West Virginia Medical Professionals Health Program: http://www.wvmphp.org/Warning-Signs.html, and the National Council of State Boards of Nursing https://www.ncsbn.org/SUDN_11.pdf. Accessed 7/23/19

Recognizing Common Signs of Impairment

- Change in appearance/poor hygiene
- Frequent shaking and/or sweating
- Loss of appetite/weight loss
- Slurred speech
- Mood swings, change in temper, irritability
- Frequent absences / “call ins”
- Increased errors in day to day activities
- Increased patient or employee complaints

Adapted from the West Virginia Pharmacist Recovery Network: http://www.wvprn.com/faq.asp and the West Virginia Medical Professionals Health Program: http://www.wvmphp.org/Warning-Signs.html. Accessed 7/23/19

Reporting Suspected Misuse and Diversion

- For Nurses → WV Restore (WVR)
  - https://wvrestore.wv.gov/Pages/default.aspx

- For Physicians, Podiatrists, and Physician Assistants → WV Medical Professionals Health Program (WVMPHP)
  - http://www.wvmphp.org/index.html

- For Pharmacists → WV Pharmacist Recovery Network (WVPRN)
  - http://www.wvprn.com/default.asp

For Suspected Nurses

- Who usually makes the referral to WV Restore (WVR)?
  - Employers, employee assistance programs, WVBOERPN, treatment providers, and schools of nursing
- What does WVR do once a report is received?
  - Start interventions in the workplace
  - Recommend that the nurse or student be evaluated
  - This will include presenting allegations of impairment or violations to the Nurse Practice Act
- When does WVR take action?
  - After referral source observes specific behavior of impairment
  - Informant identifies a witness who knows the person and observed alleged behavior
  - Admission of impairment by the nurse or nursing student

Adapted from WV Restore. https://wvrestore.wv.gov/Pages/default.aspx Accessed 7/23/19

For Suspected Nurses

- How to make a referral?
  - Requires demographic info from person making the referral, including relationship to the practitioner
- Through the WV Restore website as either:
  - Online form - https://appengine.egov.com/apps/wv/WVRestore/ReferralForm
  - Online contact request - https://wvrestore.wv.gov/Pages/Contact.aspx

Adapted from WV Restore. https://wvrestore.wv.gov/Pages/default.aspx Accessed 7/23/19

For Suspected Physicians, Medical Students, Physician Assistants, and Physician Assistant Students

- Who usually makes the referral to WV Medical Professionals Health Program (WVMPHP)?
  - Employers, staff, colleagues, family, friends, treatment facilities, licensure boards, or individuals

- Who does WVMPHP serve?
  - Physicians, Medical students/residents, podiatrists, physician assistants, physician assistant students, family members & colleagues, and the public

- What does WVMPHP do once a report is received?
  - Similar process to WV Restore process for nurses

Adapted from WV Medical Professionals Health Program. http://www.wvmphp.org/index.html Accessed 7/23/19

For Suspected Physicians, Medical Students, Physician Assistants, and Physician Assistant Students

- How to make a referral?

- Contact the WVMPHP
  - Call – (304) 933 – 1030
  - Fax – (304) 933 - 1006
  - Email – P. Bradley Hall, MD, the WVMPHP Executive Medical Director, at bhallmd@wvmphp.org
  - Email – Marlene Hall, Case Manager, at mdhall@wvmphp.org
  - Email – Matthew Moore, Case Manager, at mmoore@wvmphp.org

Adapted from WV Medical Professionals Health Program. http://www.wvmphp.org/index.html Accessed 7/23/19

Prescriber Etiquette

- Can a prescriber write controls for self, spouse, close family member?
- What does the American Medical Association say?
  - “Physicians generally **should not** treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician’s personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered.”

For Suspected Pharmacists

- Who usually makes the referral to WV Pharmacists Recovery Network (WVPRN)?
  - Any pharmacist, technician, supervisor, family member, or friend

- What does WVPRN do once a report is received?
  - Keeps all information confidential
  - Only reports the action to the BOP in the instance that:
    - the individual has demonstrated drug diversion other than for self medication
    - or should the individual choose not to enter an agreement with the WVPRN when a problem clearly exists

- What typically happens to those reported?
  - The RPh, technician, or pharmacy student usually are allowed to keep their license
  - Follow agreement requirements from the WVPRN compliance committee

Adapted from WV Pharmacist Recovery Network. http://www.wvprn.com/default.asp Accessed 7/23/19

For Suspected Pharmacists

- How to make a referral?

- Contact the WVPRN
  - Call – (304) 533 – 6844
    - Available 24/7
  - Email – Mike Brown, RPh, the WVPRN Executive Director, through the WVPRN website
  - Mail – WVPRN, PO Box 4944 Charleston, WV 25364

Adapted from WV Pharmacist Recovery Network. http://www.wvprn.com/default.asp Accessed 7/23/19

Prescriber Etiquette continued

- What does WV law say?
  - Currently, nothing specific
  - However, WV law states that prescribers should follow ethical processes recommended by the AMA
  - Without question, it is inadvisable (AMA says unethical) to provide primary care with controlled medications for any immediate family member
- If documented with the correct board, the board may choose to not renew a practitioner's license
  - However, technically it is not against the law

Professionals in Recovery

- Almost all professional recovery networks (regardless of profession) follow up and work with people for 5 years
  - These programs have higher rates of long term (more than 5 year and 10 year) recovery
    - Speculation is that it is because they have more to lose
  - Abnormalities in the brain after substance use may be long lasting and longer follow-up may allow time for healing

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3120118/

Recommend techniques to help a patient maintain sobriety

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Key Factors for Sobriety

- **<u>Possible perceived negative consequences:</u>**
  - "One of the most important single prognostic variables associated with remission from addiction is having something to lose…"[1]
    - Examples: Friends, health, job, freedom, etc.
    - Of note, this is not enforced punishment
- Formal treatment and longer time in treatment → better outcomes
- Social/community support
- Affiliation with 12-step or other recovery organizations

1. Adapted from "Pathways to Long-Term Recovery: A Preliminary Investigation." Laudet et al. Assessed 8/15/19
2. Laudet, A.B, Savage, R., Mahmood, D. (2002) Pathways to Long-Term Recovery: A Preliminary Investigation. *J Psychoactive Drugs. 24*(3): 305-311

SAMHSA – National Helpline

- SAMHSA = Substance Abuse and Mental Health Services Administration
- Referral Service
- Open 24/7/365

1-800-662-HELP (4357)

Alcoholics Anonymous (AA)

www.aa.org

- Input a zip code / state and to receive information on the closest resources
- Each resource will have its own contact number
  - Keep in mind every group is different
- If a person does not like one group, please try another

Narcotics Anonymous (NA)

www.na.org

- Input a zip code / state and receive information on the closest resources
- Each resource links to the individual group's website
  - Again, every group is different

Family/Friend Support for SUD: Al-Anon and Alateen

- Al-Anon members are people who worry about someone with a drinking or substance use problem (family members or friends)
  - Alateen is for teenagers

www.al-anon.org

- Input a zip code / state and receive information on the closest resources

- Each resource links to the individual group's website
  - Again, every group is different

Meditation Group

- Refuge Recovery

  www.refugerecovery.org

- Input a zip code / state to receive information on the closest resources

- Under Resources, online meditations and podcasts are available for on-demand listening

Science-Based Recovery Group

- Self-Management and Recovery Training (SMART):

www.smartrecovery.org

- Mission: To empower people to achieve independence from addiction problems with a science-based 4-Point Program

- Offer both local and online meetings

Narconon

- https://www.narconon.org/
- Mission: to provide an effective path for rehabilitation from drug abuse and to assist society in preventing the scourge of drugs worldwide
- Scientology organization that offers a drug-free approach to rehabilitation
  - Includes drug-free withdrawal process
- Detoxification involves a regimen of nutrition, exercise and sauna
- Final component of program focuses on life skills

Secular Recovery Group

www.lifering.org

- LifeRing is an organization of people who share practical experiences and sobriety support
  - LifeRing believes that you are the only person who can figure out how best to find recovery. LifeRing provides safe and supportive contact with others that enables that process to succeed.
  - Abstinence is not required
- Offer both local and on-line meetings as well as email groups and chat rooms

Help in West Virginia

- Link to community mental health clinics in WV, open 24 hours a day and 7 days a week:

1-844-Help4WV

- Many other states have similar programs
- If you service another state, please discover if they have a similar program

Detect and prevent drug diversion

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Diversion

- "Diversion of controlled substances can happen at any stage of the medication use process from procurement to disposal, and drugs can be diverted by healthcare workers, nonclinical staff, patients, and caregivers."

Ranji S, Who Will Guard the Guardians? Preventing Drug Diversion in Hospitals. DOI 10.12788/jhm.3252

Drug Diversion is…

A patient safety issue

A HIPAA issue

An occupational health issue

A regulatory compliance issue

A legal issue

Mark Fan, Dorothy Tscheng, Michael Hamilton, Bridgett Hyland, Rachel Reding, Patricia Trbovich, Diversion of Controlled Drugs in Hospitals: A Scoping Review of Contributors and Safeguards. *J. Hosp. Med*2019;7;419-428. Published online first June 12, 2019.. doi:10.12788/jhm.3228

Berge KH[1], Dillon KR, Sikkink KM, Taylor TK, Lanier WL. *Diversion of drugs within health care facilities, a multiple-victim crime: patterns of diversion, scope, consequences, detection, and prevention*. Mayo Clin Proc. 2012 Jul;87(7):674-82. doi: 10.1016/j.mayocp.2012.03.013

Diversion Prevention

Red-Flags in the Community Setting

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Patient Red Flags

- Triggers to evaluate patients
  - Paying cash (no attempt to provide insurance)
  - Requests early refills frequently
    - Willing to pay cash price for refills too early on insurance
  - Frequently accuses pharmacy of miscounting
    - Claim less pills in bottle than expected
  - Out of area/state address
  - Multiple family members on the same “cocktail” or grouping of controlled substance prescriptions
    - Often from the same prescriber
    - Pet prescriptions can be included in this pattern
  - Receiving controlled prescriptions from multiple prescribers
  - Filling controlled prescriptions at multiple pharmacies

Prescriber Red Flags

- Prescribing practices that should be questioned:
  - Cash only
    - Will not accept insurance or worker's compensation
    - Limited insurance reimbursement for office visits and/or prescriptions
  - Prescribe a "cocktail" of same meds to most patients
    - Often high doses and large quantities
  - "Pill Mill"
    - High percent of controlled prescriptions issued daily
  - Patients travel long distances to see the prescriber
  - Early refills approved frequently or without question

Pharmacy Red Flags

- Pharmacies to question:
  - Cash only
    - Will not accept insurance or worker's compensation
    - Refills prescriptions early for cash
  - "Pill Mill"
    - Dispenses a high percentage of controlled substances as compared to non-controls
  - Fills high doses and large quantities of "cocktail" scripts
  - Patients travel long distances to have prescriptions filled at the pharmacy
  - Fills controlled substances for patients from multiple prescribers

Diversion Prevention

In other Healthcare Institutions

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Hospital Diversion Prevention Techniques

Procurement:

- Separate purchasing and receiving roles
- Periodic audits of purchased vs received inventory

Storage:

- Maximize security within the pharmacy
- Enable processes tracing and documenting inventory and people with access

Fan M[1], Tscheng D[2], Hamilton M[2], Hyland B[1], Reding R[1], Trbovich P[1,3]. *Diversion of Controlled Drugs in Hospitals: A Scoping Review of Contributors and Safeguards*. J Hosp Med. 2019 Jul;14(7):419-428. doi: 10.12788/jhm.3228

Berge KH[1], Dillon KR, Sikkink KM, Taylor TK, Lanier WL. *Diversion of drugs within health care facilities, a multiple-victim crime: patterns of diversion, scope, consequences, detection, and prevention*. Mayo Clin Proc. 2012 Jul;87(7):674-82. doi: 10.1016/j.mayocp.2012.03.013

Hospital Diversion Prevention Techniques

Prescribing:

- Reduce the range of orders
- E-prescribing
- Establish a protocol for identifying unusual or inappropriate prescribing

Fan M[1], Tscheng D[2], Hamilton M[2], Hyland B[1], Reding R[1], Trbovich P[1,3]. *Diversion of Controlled Drugs in Hospitals: A Scoping Review of Contributors and Safeguards*. J Hosp Med. 2019 Jul;14(7):419-428. doi: 10.12788/jhm.3228

Berge KH[1], Dillon KR, Sikkink KM, Taylor TK, Lanier WL. *Diversion of drugs within health care facilities, a multiple-victim crime: patterns of diversion, scope, consequences, detection, and prevention*. Mayo Clin Proc. 2012 Jul;87(7):674-82. doi: 10.1016/j.mayocp.2012.03.013

Hospital Diversion Prevention Techniques

Preparation:

- Purchase unit dose products where possible to avoid compounding/repackaging

Dispensing:

- Document the ins and outs of the pharmacy
- Decrease unnecessary stock
- Reduce access on clinical units

Fan M[1], Tscheng D[2], Hamilton M[2], Hyland B[1], Reding R[1], Trbovich P[1,3]. *Diversion of Controlled Drugs in Hospitals: A Scoping Review of Contributors and Safeguards*. J Hosp Med. 2019 Jul;14(7):419-428. doi: 10.12788/jhm.3228

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Hospital Diversion Prevention Techniques

Administration:

- Establish a “no share” credential policy
- Ensure frequent updates to access and prescribing privileges
- Support procedures that promote accountability and security
- Determine and define a specific amount of time within which medications must be administered following retrieval
- Develop anonymous reporting protocols

Fan M[1], Tscheng D[2], Hamilton M[2], Hyland B[1], Reding R[1], Trbovich P[1,3]. *Diversion of Controlled Drugs in Hospitals: A Scoping Review of Contributors and Safeguards*. J Hosp Med. 2019 Jul;14(7):419-428. doi: 10.12788/jhm.3228

Berge KH[1], Dillon KR, Sikkink KM, Taylor TK, Lanier WL. *Diversion of drugs within health care facilities, a multiple-victim crime: patterns of diversion, scope, consequences, detection, and prevention*. Mayo Clin Proc. 2012 Jul;87(7):674-82. doi: 10.1016/j.mayocp.2012.03.013

Hospital Diversion Prevention Techniques

Wastage, returns, disposal:

- Audit waste using an assay
- Establish real-time waste witnessing protocols (witnessing after the fact not permitted)
- Secure wasted and expired products
  - "Sharps" waste containers
- Audit and reconcile documentation to verify wastage

Fan M[1], Tscheng D[2], Hamilton M[2], Hyland B[1], Reding R[1], Trbovich P[1,3]. *Diversion of Controlled Drugs in Hospitals: A Scoping Review of Contributors and Safeguards*. J Hosp Med. 2019 Jul;14(7):419-428. doi: 10.12788/jhm.3228

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Hospital Diversion Prevention Techniques

System-wide:

- Pre-employment screening
- Drug-testing program implementation
  - Pre-employment and “for cause”
- Staff Education
  - Upon hiring and again annually
- Establish diversion investigation teams

Fan M[1], Tscheng D[2], Hamilton M[2], Hyland B[1], Reding R[1], Trbovich P[1,3]. *Diversion of Controlled Drugs in Hospitals: A Scoping Review of Contributors and Safeguards*. J Hosp Med. 2019 Jul;14(7):419-428. doi: 10.12788/jhm.3228

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Long-Term Care Diversion Prevention Techniques

- Relocate medications to secure areas with video surveillance
- Secure chain of possession for medications and hard-copy prescriptions for transitions to and from hospitals
  - Tamper resistant individual packaging/envelopes
- Watch for large quantities of “stock” medications

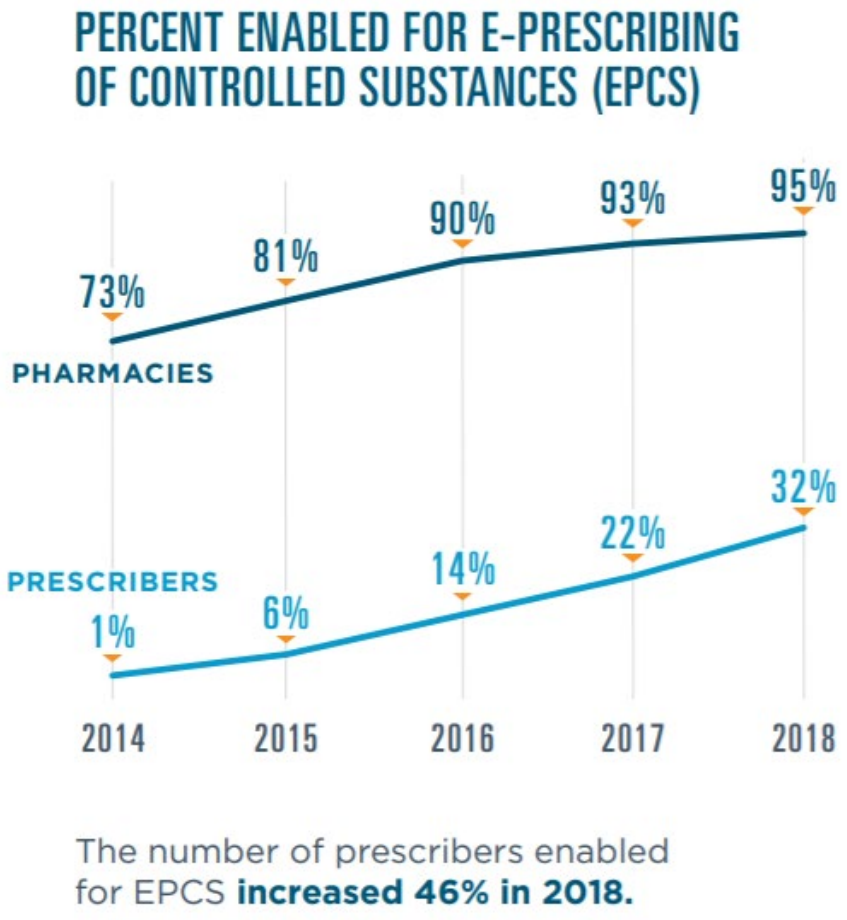
Kind, A. J., Jensen, L. L., & Kennelty, K. A. (2014). Far too easy: opioid diversion during the transition from hospital to nursing home. *Journal of the American Geriatrics Society*, *62*(11), 2229–2231. doi:10.1111/jgs.13084

Kennelty, K. A., Jensen, L. L., Gehring, M., Gilmore-Bykovskyi, A., Roiland, R. A., Kordahl, R., & Kind, A. J. (2016). Preventing Opioid Prescription Theft and Ensuring SeCure Transfer of Personal Health Information when Patients Transition from the Hospital to a Nursing Home. *Journal of the American Geriatrics Society*, *64*(9), e23–e25. doi:10.1111/jgs.14212

E-prescribing

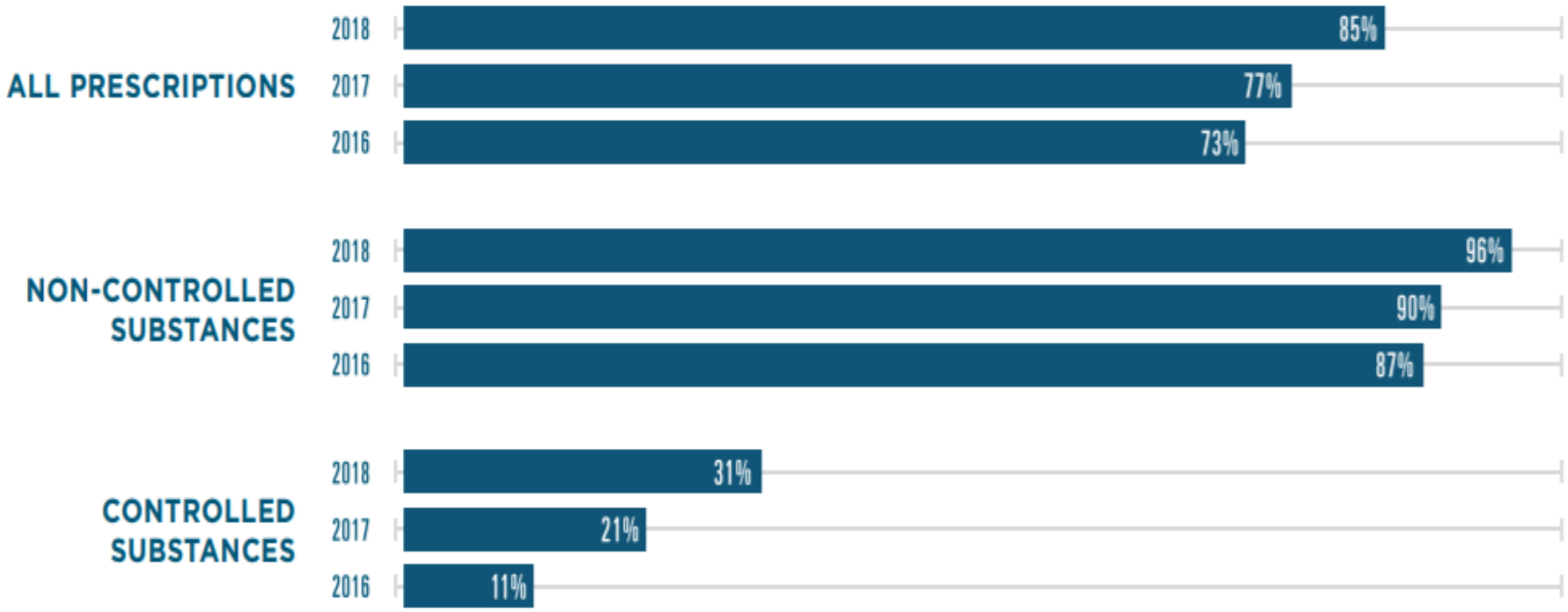
Consider e-prescribing for ALL prescriptions but especially for controlled substances to prevent fraud

Utilize two factor identification for controlled substances



https://surescripts.com/docs/default-source/national-progress-reports/4056---2018-npr-brochure_final-

PERCENT OF PRESCRIPTIONS SENT ELECTRONICALLY



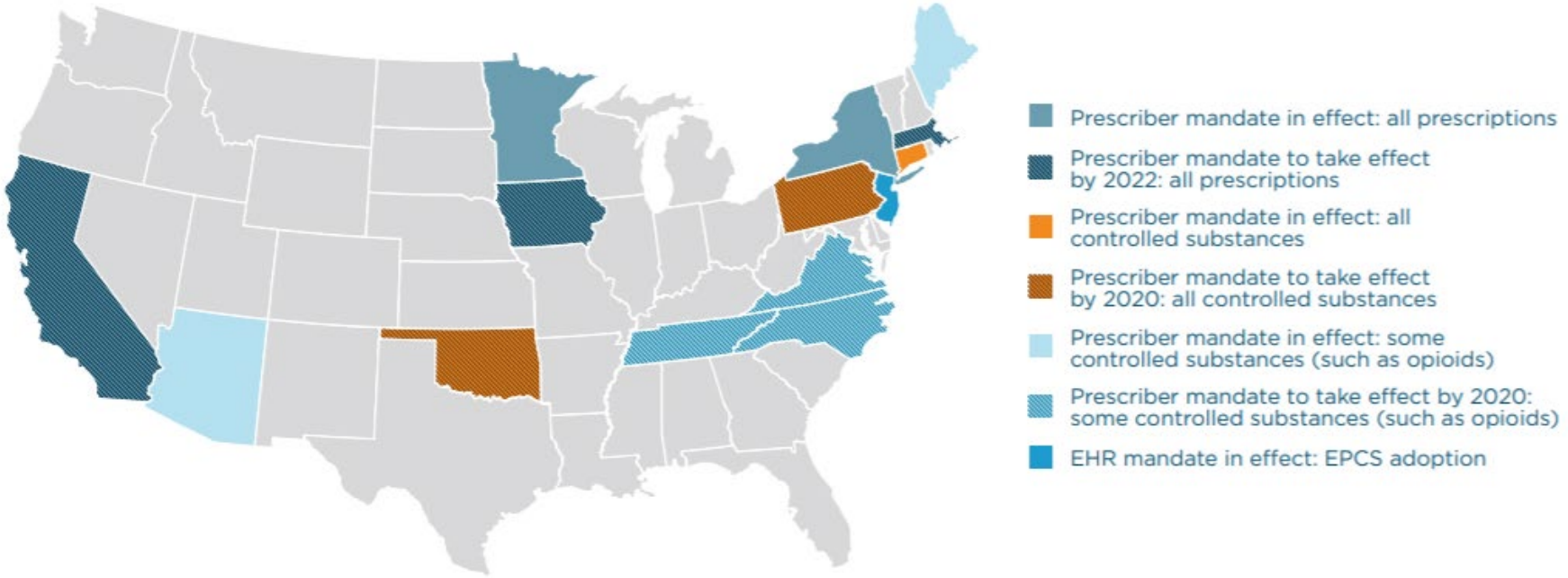
Note: Percentages calculated using prescription data from the National Association of Chain Drug Stores. Surescripts estimates that 84% of e-prescriptions are dispensed.

https://surescripts.com/docs/default-source/national-progress-reports/4056---2018-npr-brochure_final---web.pdf

EPCS ACROSS THE NATION

In 2018, state and federal legislators continued to recognize EPCS as an essential tool in combatting the opioid epidemic. Congress passed and President Trump signed into law H.R. 6, the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, which requires that controlled substance prescriptions covered under Medicare Part D be transmitted electronically as of January 1, 2021.

Eight states passed their own mandates in 2018, bringing the total number of states with legislation requiring e-prescribing for opioids, controlled substances or all prescriptions to 15. Mandates in Minnesota, New York, Maine and Connecticut had taken effect by January 2018, with the majority of the others set to take effect in 2020.



https://surescripts.com/docs/default-source/national-progress-reports/4056---2018-npr-brochure_final---web.pdf

Bottom Line on Diversion

- Eliminating all misuse is unrealistic

- Limiting misuse and diversion is an attainable goal that requires a coordinated, persistent approach with actionable system-level solutions

Diversion Detection

A Focus on Technology

MARSHALL
SCHOOL OF PHARMACY

Community Pharmacies

- Prescription Drug Monitoring Programs (PDMP)
- Electronic Medical Record (EMR)
- Controlling access to medications and/or technology
  - Securing prescription pads
  - Development of controlled substance prescribing policies
  - Swift Information Technology (IT) removal of employee access
- Automated reporting
  - Multiple, incorrect log-in attempts
  - Quantity discrepancies (ins and outs including expired medications)

Hospital

- Swift IT removal of employee access including badges, automated dispensing cabins, or other secured storage when necessary
  - Regular audits of user access
  - Re-evaluation of medication access when an employee moves from one position to another within the same hospital
- Spectrophotometry
  - Used to detect missing, diluted, or wrong drug
- Data extraction software
  - Can be used for screening and confirming
  - Analyzes use and detects anomalies
    - Compile the activity of those with access to more than one unit/automated dispensing cabinet
  - Accurate record keeping is key

Siegel, J., Forrey, R.A. (2014) Four Case Studies on Diversion Prevention. *Pharmacy Purchasing & Products. 11* (3)

Role of Employees in Diversion Prevention

- Training personnel in diversion identification tactics could also be providing information for successful diversion methods

- To combat this:
  - Drive home that fact that no one is above suspicion
  - Vigilant observation will improve both detection and prevention

Siegel, J., Forrey, R.A. (2014) Four Case Studies on Diversion Prevention. *Pharmacy Purchasing & Products. 11*

Conclusion

- Patients can be saved from opioid overdose with antidote (naloxone)
- Harm reduction programs are evidence-based and focus on reducing risk
- Reporting colleagues can be difficult, but it is necessary to protect patients
- Maintaining sobriety is difficult, but it can be supported by recovery groups
- Drug diversion can be detected by people and by technology, but it requires persistent evaluation

QUESTIONS?

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MARSHALL

SCHOOL OF PHARMACY