

Drug Diversion in Healthcare

By Barry Abramowitz

Drug abuse in America continues to grow. In 2012, approximately 23.9 million Americans used illicit drugs. Of these, 6.8 million used prescription drugs for nonmedical purposes. In other words, they used them without a prescription or for a purpose they were not prescribed. According to the National Institute on Drug Abuse, the trend has continued to rise since 2002 ("Drug Facts: Nationwide Trends, National Institute on Drug Abuse (NIDA)," 2014). While studying the mentioned statistics, it is no wonder that healthcare diversion has become a major problem in the healthcare field.

The American Nurses Association estimates that 10 percent of nurses are dependent on some type of drug. The AMA used the analogy that if one works with 10 nurses, one of the ten is probably struggling with some type of addiction. With almost 3 million nurses working in their field, that could mean that approximately 300,000 may be substance abusers. While nurses typically abuse drugs and alcohol the same as the general public, nurses have a tendency to be more dependent on prescription medications. These prescription medications are: amphetamines, opiates, sedatives, tranquilizers, and inhalants. This goes hand in hand with the availability of these drugs at the workplace ("Drug Addiction among Nurses: Confronting a Quiet Epidemic | Modern Medicine," 2009).

According to retired Pharmaceutical Drug Diversion Investigator, Lorri Abramowitz, nurses and other healthcare individuals use a variety of methods to divert controlled substances from healthcare facilities. Abramowitz is familiar with these types of methods. For approximately 18 years, she investigated hundreds of these types of cases for the Jacksonville Sheriff's Office, to include a hepatitis C case at Mayo Clinic Jacksonville. The Mayo case involved a radiology technician who was addicted to fentanyl. Abramowitz worked closely with the FBI and FDA to prove the hepatitis-infected technician tampered with patients' fentanyl syringes in order to feed his addiction. Because of the tampering, the technician infected some of the patients causing one death. Addiction is the number one reason healthcare professionals divert controlled substances. Nurses typically start diverting using the following methods:

- Taking the waste for personal use.
- Stealing controlled substances from the patients (not dosing the patients properly).
- Remove excessive amounts of controlled substances from the automated dispensing machine, using the "PRN" (as needed for pain) medications.
- Tampering with the patients controlled substance medications. This is done by replacing an injectable pain medication with another substance, usually saline. The replaced substance is then given to the patient.

Healthcare facilities have a responsibility to audit and continue to monitor employees that have access to these controlled substances. Abramowitz gives several examples of what facilities should look for in these audits:

- Removing controlled substances with no “doctor’s orders.”
- Removing controlled substances for patients “not assigned” to the nurse.
- Removing controlled substances for recently discharged patients.
- Removing controlled substances and not documenting the administration of the drug on the Medication Administration Record.
- Patient charting reveals excessive pulls for “PRN” medication compared to other nurses assigned to that patient.
- Discrepancies from the Omnicell machines on a regular basis.
- Pulling out larger dosages of injectable controlled substances to obtain more waste.
- Patient continuing to complain about pain, even though the nurse has documented the administration of pain medications.
- Falsifying records.
- Removing PRN medications too frequently (ex. Medication order for every 4 hours, but it is pulled at every 2 hours).
- Not documenting waste.
- Helpful nurses who only want to help give other nurses’ patients their pain medications.

The Centers for Disease Control (CDC) tracked outbreaks associated with “drug diversion” from 1983-2013. The CDC determined there were gaps in prevention, detection, and/or response in the healthcare facilities affected. The CDC recommended healthcare facilities have strong security measures and monitoring of controlled substances. In addition to these measures, the CDC recommended that when tampering with injectable medication is suspected, it should be

reported promptly to law and other enforcement agencies ("Drug Diversion | Injection Safety | CDC," 2013).

When drug diversion occurs in the healthcare setting it affects the entire institution. Healthcare professionals have an ethical duty to report impaired professionals. This proactive approach helps protect patients, colleagues, and the community. Diversion causes a great deal of liability to the healthcare institution. From a legal standpoint, the institution must conduct a thorough investigation to determine if the healthcare worker violated state regulations and/or committed a felony. In addition, the institution needs to review organizational policies and procedures to determine if a violation occurred. Reporting and disciplinary actions differ from state to state, but most states are mandatory. The unfortunate part of this equation is that “symptoms of impairment” are often hard to detect. Coworkers should be vigilant and look for the signs of impairment including: absenteeism, the deterioration of personal appearance, reduced productivity, and patients complaining of ineffective pain medication. If diversion can be caught early patients can be protected ("Nurse Drug Diversion and Nursing Leader's Responsibilities: Legal, Regulatory, Ethical, Humanistic, and Practical Considerations," 2011).

Drug diversion is a constant problem in the healthcare field. Members of management of healthcare facilities should do everything in their power to deter and detect drug diversion. In order to accomplish this task, the institution must have strict security measures and monitoring in place. Everyone is affected by drug diversion and should do his or her part to prevent it.

References

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About the Author

Barry Abramowitz is the Owner and Managing Principal of Signal 94 Consulting and Training, LLC, which provides specialized law enforcement related consulting and training. Barry is a proven leader with over thirty years of law enforcement experience and is a local expert in Narcotics and Vice Investigations' training (both law enforcement and non-law enforcement). He has provided drug education via the media by conducting Public Service Announcements. Areas of expertise include asset management and protection; leadership and supervision; pharmaceutical drugs, clandestine drug labs, synthetic drugs, street crimes, organized crime, gangs, money laundering, and gambling investigations.