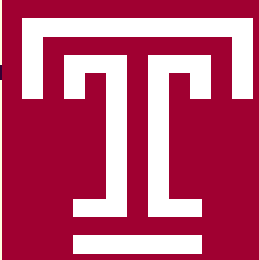




Institute on
Protective Services

**Identifying Drug Diversion
and How it Impacts
Vulnerable Adults**



Drug Diversion

Drug diversion is the transfer of a prescription drug from lawful to an unlawful channel of distribution or use.

*Section 309, Diversion Prevention and Control **Uniform Controlled Substances Act National Conference of Commissioners on Uniform State Laws, 1994***

Drug Diversion

Drug diversion is:

- The use of prescription drugs for recreational purposes
- Theft of medications, including “waste,” for personal use
- Taking any medication, whether controlled or not, for personal use, when it is prescribed for another person

Why?

Prescription drugs are abused because:

- They are readily available;
- There is a false belief that they are safe to use;
- There is a lack of a social stigma unlike those associated with street level drugs such as marijuana, cocaine, and Meth; and
- They can be inexpensive.

Value

- Prices are regional and fluctuate
- On the streets many prescription drugs are selling for about \$1 per milligram, or \$20 for a single dose
- Heroin is \$8-\$10 a stamp bag
- Web site that tracks the street value of prescription medications by area (Street RX.com)
- Marijuana (priceofweed.com)

Over the Counter Medications

Pseudoephedrine (Decongestant)

- Used to make methamphetamine

Dramamine or Benadryl

- Taken in large doses they can cause a person to feel high and have hallucinations similar to street drugs

Over the Counter Medications

Dextromethorphan

- The active ingredient in Robitussin DM
- Robitussin DM has a high potential for abuse because it is easy to access and it is inexpensive

Diet Pills

- Can create a mild buzz

Other Diverted Medications

- **Antiretroviral drugs** (Used to treat HIV) are very expensive and have a high street value
- **Nexium**
- **Viagra/Cialis**
- **Expensive Prescription Medications Have Value!**

Commonly Abused Prescriptions

Many prescription medications can be diverted, but the most common are:

- Opioids: used to treat pain
- CNS Depressants: used to treat anxiety and sleep disorders
- Stimulant: used to treat ADHD, narcolepsy

Schedule I

- Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. They are the most dangerous drugs of all the drug schedules with potentially severe psychological or physical dependence.
- Examples: Heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote

Drug Enforcement Administration

Schedule II

- Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous.
- Examples: Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone, fentanyl, Dexedrine, Adderall, and Ritalin

Drug Enforcement Administration

Schedule III

- Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV.
- Example: Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone

Drug Enforcement Administration

Schedule IV

- Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence.
- Examples: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol

Drug Enforcement Administration

Schedule V

- Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes.
- Examples: Cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin

Drug Enforcement Administration

Opioids

- Fentanyl
- Methadone
- Morphine
- Codeine
- Oxycotin
- Oxycodone (Percocet)
- Hydrocodone (Vicodin)

Fentanyl

28% to 84% of the Fentanyl remains in the in the patch after 72 hours



Fentanyl

Matrix Patches can be abused by:

- Scratching and abrading the skin before applying the patch. This removes a layer of dead or semi-dead skin. Less skin allows for the medication to penetrate and reach bloodstream quicker.
- Applying heat. Matrix patches may be abuse-resistant, but the fentanyl still rapidly releases when you apply intense heat.

Fentanyl

Gel reservoir patches are abused by:

- Smoking the gel
- Injecting the gel
- Rubbing the gel in their eyes
- Using a Q-tip to swab it on their gums
- Sucking on a piece of gauze saturated with gel
- Placing the patch between the cheek and gums
- Chewing the patch

Oxycontin

- Oxycontin OP is a time release medication. It was formulated to prevent abuse. Trying to crush the pills for the purpose of snorting, injecting, etc. will not work. They still retain their time released formulation.
- People who abuse oxycontin crush the tablet and swallow or snort it, or dilute it in water and inject or plug it (Shoot up the rectum).

CNS Depressants

Benzodiazepines:

- Diazepam (Valium®)
- Alprazolam (Xanax®)
- Lorazepam (Ativan®)
- Clonazepam (Klonopin®)

(prescribed to treat anxiety, acute stress reactions, and panic attacks)

Ativan

- Ativan addiction has become a serious problem
- Ativan has one of the highest risks for physical and psychological addiction in the benzodiazepine class of substances

Stimulants

Includes prescription drugs such as:

- Amphetamines
(Adderall® and Dexedrine®)
- Methylphenidate
(Concerta® and Ritalin®)
- Modafinil
(Provigil®)

Who Diverts Drugs?

- Employees of facilities (steal from inventory)
- Family members, friends, etc.
- Physicians (sell prescriptions to drug dealers or abusers)
- Pharmacists (falsify records and then sell the drugs)
- Persons who commit armed robbery of pharmacies, facilities, and distributors

Why are Drugs Diverted?

- Most of the prescription drugs that are diverted are for personal use
- Some are diverted for street sale
- Some are diverted for family members or acquaintances

Drug Dependence

- According to the National Council of State Boards of Nursing, approximately 15% of health care professionals struggle with drug dependence at some point in their careers.

Types of Diversion

- Stealing medication
- Stealing medication and swapping it with a similar looking medication
- Documenting administration, but not giving it to the individual
- Documenting “wasting” or “dropping” medication, but stealing the medication
- Replacing liquid medications with other liquids

Types of Diversion

- Stealing discontinued or expired medications
- Taking used Fentanyl patches for personal use
- Poking holes in Fentanyl patches and squeezing out the medication
- Administering smaller than prescribed dose and keeping the rest for personal use
- Documenting destruction of drugs and keeping for personal use

Signs of Diversion

- Individual receiving increasing dosages of pain medication but reporting ineffective pain relief
- Frequent reports of lost or wasted medications
- Patterns with a particular staff person administering an unusual amount of PRN (as needed) medications
- Incorrect narcotic counts
- Numerous corrections of medication records
- Swapping with a similar looking medication

Community Investigations

- Obtain pharmacy records and inventory the medications
- Verify all of the medications the individual is receiving
- Observe pain medication patches
- Ask the individual about the management of their condition

Community Report Example

“Individual has lung cancer. Individual was seen at the cancer center today and she did not have any oxygen. Her oxygen level was 78%. Reporter states that this is the third time she did not have oxygen upon arriving at the cancer center. Her pain medication is missing. Alleged perpetrator reportedly gives her heroin instead of pain medication.”

Facility Investigations

Potential evidence

- Blister packs, bottles, vials, etc.
- Medication administration records
- Controlled substance count sheets
- Disposal records
- Pharmacy records
- Staff schedules

Facility Investigations

- Review dispensing patterns for different shifts over several weeks/months
- Determine if there is a staff person administering a medication more frequently than his or her coworkers
- Determine if there is a pattern of escalating use of a particular controlled substance

Facility Investigations

- Determine the storage location for controlled substances
- Determine what the facility procedures are for administration of medications and controlled substances
- Secure a copy of medication administration policies including how medications are destroyed

Facility Investigations

- Complete a medication audit
- Determine if the facility completes random audits (review results)
- Obtain materials from the facility's internal investigation
- Complete excellent interviews!

Facility Investigations

Other considerations:

- Hospice comfort kits
- Medications given to an individual for out of facility activities

Facility Investigations

Computerized Medication Administration Systems

- They cannot detect drug diversion!
- Ask the home for copies of the electronic medication administration records and data reports.

Facility Response

Appropriate facility responses include:

- Contacting the physician or evaluation by another healthcare provider
- Monitoring of vitals/ following a physician orders
- Staff monitoring the individual for an appropriate period of time
- Identification of the incorrect medication (if swapped) that was administered and potential side effects
- Prompt replacement of diverted medications
- Timely investigation

Criminal Investigations

- Local law enforcement and/or a District Attorney's response to reported drug diversion will vary greatly
- Each jurisdiction will have expectations on what a facility and/or protective services should or should not do

Questions

