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## Narcotic Diversion Prevention

John Karwoski, RPh, MBA  
JDJ Consulting  
September 19, 2016

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**IT'S NOT A PROBLEM...**

**UNTIL IT'S A PROBLEM.**

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### DRUG DIVERSION

- Is defined as the transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use

### ADDICTION

- A primary chronic disease reflected by an individual pathologically pursuing reward/ relief by substance use
- Addiction is characterized by the inability to abstain from the sought substance

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### THE OPIOID ABUSE EPIDEMIC

- What prompted the DEA to re-write regulation, begin task forces, and offer training to health care professionals?
- Increase in number of deaths caused by prescription drug diversion/ abuse
- Over-prescribing of prescription pain killers
  - In 4 years of medical school physicians only receive an avg of 11 hours of training on use of pain medications
  - Physicians are unable to council patients on the correct use and disposal of pain medications
- Prescription drug abuse feeds into opioid abuse

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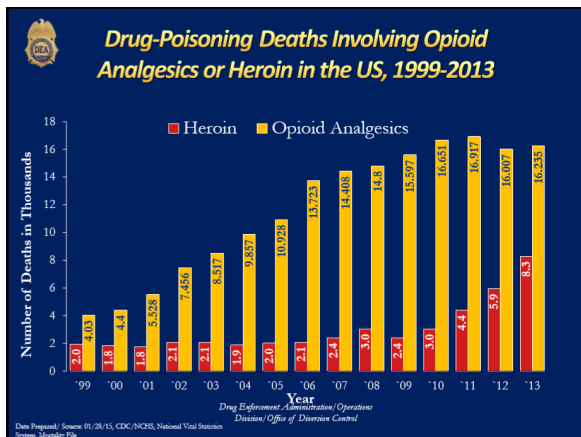
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### OPIOID AND HEROIN ABUSE IS NOT AN URBAN ISSUE

- Prescription and opioid abuse has emerged from the urban setting
- DEA and local law enforcement are seeing abuse climb dramatically in suburban areas
- Everyone's story is the same... *They got addicted to prescription pain killers, and then... (When prescription medications become unavailable, Heroin becomes the alternative)*
- Now the DEA is focusing on the origin of the issue... prescription medications and the facilities where they're coming from
  - Over-prescribing
  - Diversion

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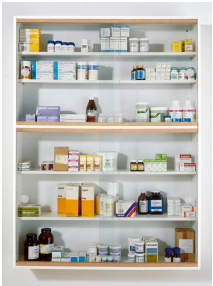
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### THE FRIENDS AND FAMILY DISCOUNT

- DEA has pin-pointed that in addition to the potential for patient RX abuse...
  - Family members
  - Friends
  - Children
  - Anyone who enters your home...
- It's the responsibility of the prescribing physician to counsel patients on proper use and disposal of the drug



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### THE MOST COMMONLY DIVERTED DRUGS

- Hydrocodone (Vicodin)
- Oxycodone (Percocet)
- Oxycontin
- Fentanyl
- Carisoprodol (Soma)
- Alprazolam (Xanax)



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### LOCAL EFFORTS TO PREVENT DIVERSION

- NJ DOH has begun the Drug Diversion Coalition
  - Annual meetings
  - Quarterly phone conferences
  - Developing resources/ toolkits for diversion prevention
- DEA Diversion conferences across the US
  - 1 day conference held Dec, 2015 in Pitt., PA attended by JDJ Consulting
- DOH Surveyors now asking for proof of anti-diversion training for surgery center staff.
  - Staff training module soon to be available from JDJ Consulting for all clients

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### COACH PATIENTS ABOUT MEDICATION STORAGE

- Where will the drugs be stored?
- Who will have access to the drugs?
- What will the patient do with the medication when they're finished with the prescription?
- Don't keep a few "just in case" in the house!
- Drop off locations: NJ now requiring this notice to be given to all patients receiving a prescription for controlled substances!

**MEDICINE DISPOSAL**

WHAT DO I DO WITH MY UNUSED MEDICATIONS?

**Drop it off!**

Unused medications like needles in your medicine cabinet are susceptible to theft and misuse. To prevent medications from getting into the wrong hands, New Jersey's Office of the Attorney General and Division of Consumer Affairs urge you to properly dispose of your expired and unwanted prescription medicine at a nearby Project Medicine Drop location.

**DROP OFF IS SIMPLE, ANONYMOUS AND AVAILABLE IN UNDER A DAY - TWO DAYS AT MOST. NO QUESTIONS ASKED.** Simply bring in your prescription and let our trained professionals and attend staff do the rest responsibly and securely. Always search out the identifying information on any medicine container you are discarding.

For a list of Project Medicine Drop locations, please visit [NJConsumerAffairs.gov/meddrop](http://NJConsumerAffairs.gov/meddrop)

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### HOW DOES DIVERSION EFFECT US?

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**JDJ Consulting, LLC**  
Consulting Pharmacy



### INFECTION RISK

- Employee injects themselves with a syringe intended for a patient
  - Could re-fill syringe with saline and then use the same syringe on patient
  - Could refill vial with saline, vial is later used for a patient
- 2009: Surgical technician was diverting narcotics and reusing syringes/ vials on patients
  - 5970 patients effected
  - 88% submitted to testing
  - 18 positive cases of Hep C linked to the surgical tech were identified

Kristen Parker stole Fentanyl and used compromised syringes and vials on patients.

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### Southern New Jersey: 2016



**FOX NEWS**

**Former NJ hospital pharmacist accused of morphine theft**

**REUTERS**

More than 200 patients at NJ hospital possibly exposed to HIV, hepatitis

**HIV, hepatitis scare at hospital: What we know, don't know**

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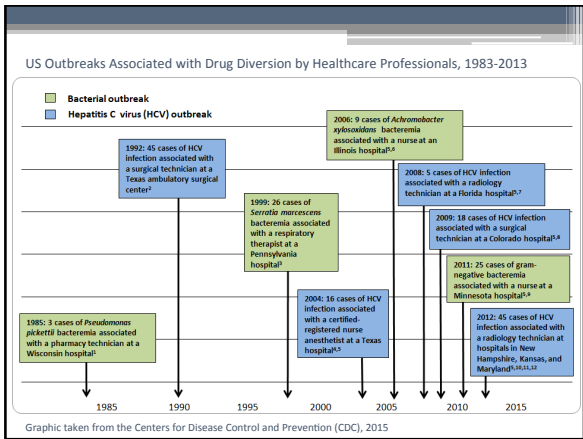
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### PATIENT SAFETY

- Employees under the influence of controlled substances are unfit to care for patients
- If an employee has substituted a drug with saline after diverting, the patient doesn't receive the intended dose of the medication
  - Partial dose?
  - No medication administered at all?



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### THE BEST BARRIER TO DIVERSION... begins with **YOUR** management team!

- A comprehensive and proactive monitoring system. Who, when, what and how to monitor.
- The use of the knowledge and experience of your consultant pharmacist! Education for your staff.
- Engage in risk analysis programs designed to identify areas of weakness and develop plans of corrective action.



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### Recognize which medications are controlled substances

- SCHEDULE I: No current acceptable medical use in the United States
- SCHEDULE II: Substances in this schedule have a high potential for abuse which may lead to severe physical and psychological dependence
- SCHEDULE III: Substances in this schedule have a lower potential for abuse than schedules I/II and may lead to moderate to lower physical and psychological dependence
- SCHEDULE IV: Substances in this schedule have a low potential for abuse
- SCHEDULE V: Substances in this schedule have the lowest potential for abuse and consist mainly of preparations containing limited quantities of narcotics



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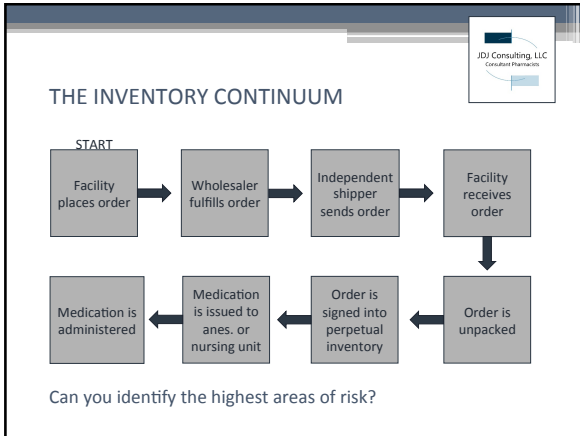
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NABOCS A CONTROLLED DRUGS CHECK SHEET Separate page for CII and CIII, CIV

Date	Time	Drug Name / Patient name	Amount Used	NABOCS signature	Physician or Pharmacist	Checked at inh.	Verified Signature	Verified Amount	Verified Signature	Disposal	Checked at inh.	Verified Signature	Verified Amount	Verified Signature	Checked at inh.	Verified Signature	Checked at inh.	Verified Signature	Checked at inh.	Verified Signature
1.7	0706	BOS																		
1.7	0714	1mg to OR 1																		
1.7	0804	3 tab																		
1.7	0840	Emp																		
1.7	1018	5 mg																		
1.7	1020	5 mg																		
1.7	1028	1 mg																		
1.7	1038	1 mg																		
1.7	1048	1 mg																		

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R0000\_1 AMESTHESIA NABOCS A CONTROLLED DRUGS ADMINISTRATION SHEET

Date	Time	Drug Name	Amount Used	NABOCS signature	Physician or Pharmacist	Checked at inh.	Verified Signature	Verified Amount	Verified Signature	Disposal	Checked at inh.	Verified Signature	Verified Amount	Verified Signature	Checked at inh.	Verified Signature	Checked at inh.	Verified Signature	
		PATIENT STICKER																	
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### PROPER DISPOSAL OF CONTROLLED SUBSTANCES

- Expired narcotics must be kept secure until they are disposed of or destroyed
  - If your state allows for on-site destruction, you may use either a chemical digestion agent or an incinerator
  - Reverse Distributors can be used in all 50 states
- OR Wastage, i.e. partial syringes and vials
  - DO NOT use kitty litter or coffee grounds
  - DO NOT flush or shoot down the sink
  - DO NOT shoot into the red sharps container
  - You have a responsibility to ensure the controlled substance is not retrievable
  - Potential solutions: Smart Sinks or chemical digestion agent



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### BETTER EMPLOYEES = BETTER SURGERY CENTERS

- By putting up barriers to diversion you're not presenting an opportunity for diversion to happen
- Hiring employees you feel confident in and maintaining good lines of communication helps ensure that there is no room for diversion
- Staff buy-in to anti-diversion efforts is key!



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### IN THE CASE OF DIVERSION, OR SUSPECTED DIVERSION

- Contact your consultant pharmacist
- Notify the DEA after your initial (and timely) investigation
  - Complete DEA Form 106 AND notify your local field office in writing
  - (21 CFR 131.74 (c))
- File a police report
- If your state has a CDS department, notify them
- Your consultant pharmacist will be able to help you determine if additional steps are necessary

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## THE DUTY TO REPORT



- The surgery center has a legal AND ethical duty to report drug diversion
  - Failure to report may result in:
    - Civil and regulatory liability
    - Negative publicity
    - Jeopardize the surgery center's license and Medicare participation
- Failure to report puts additional patients at risk
- Releasing a diverter from employment without reporting is illegal!

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# THANK YOU

JOHN KARWOSKI, RPh, MBA  
President and Founder

BRITTNEY LODATO, MPH  
Administrative Director

www.JDJConsulting.net

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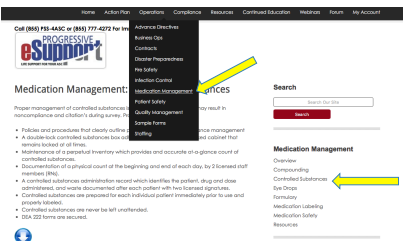
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## Available on Progressive eSupport

- Operations/Medication Management/Controlled Substances



Home | Action Plan | Operations | Compliance | Resources | Controlled Substances | Webinars | Tools | My Account

Call (866) 484-4442 or (866) 377-4272 for help

**PROGRESSIVE eSupport**

Navigation: Home, Action Plan, Operations, Compliance, Resources, Controlled Substances, Webinars, Tools, My Account

Medication Management

- Proper management of controlled substances, non-compliance and patient's safety
- Adherence and procedures that comply with state and federal regulations
- A double lock controlled substances lock on every locked or all state
- Maintenance of a perpetual inventory which provides and accurate on-a-glance count of controlled substances
- Documentation of a physical count of the beginning and end of each day by a licensed staff member (RN)
- A controlled substance administration record which identifies the patient, drug and dose administered, and is not documented after each patient with two licensed signatures, properly labeled
- Controlled substance use prepared for each individual patient immediately prior to use and
- Controlled substance use never be left unattended
- OSU 329 forms are secured

Search: Search for title, Search

Medication Management: Overview, Compounding, Controlled Substances, Eye Drops, Formulary, Medication Labeling, Medication Safety, Resources

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- Or call us! (855) 777-4272



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**PROGRESSIVE HALF TIME**

**Friday October 28, 2016**  
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**SURVEY PREPARATION**

Crissy Benze  
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**\$75**

**FREE for eSupport members!!**



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**PROGRESSIVE HUDDLE**

**Monday November 21, 2016**  
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**ANNUAL SURVEY WATCH REPORT**

Leanne Gallegos  
Progressive Surgical Solutions



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