Drug Diversion from the Healthcare Workplace
A Multi-Victim Crime

Keith H. Berge MD

- Consultant in Anesthesiology- Mayo Clinic Rochester, MN
- Chair- Mayo Clinic Medication Diversion Prevention Committee
- Vice-President- MN Board of Medical Practice
- Chair- ASA Task Force on Chemical Dependency

DISCLOSURES

Nothing to disclose
“Diversion” means:

• The transfer of a controlled substance from a lawful to an unlawful channel of distribution or use.
  (Uniform Controlled Substances Act (1994))

• Any criminal act involving a prescription drug
  (National Association of Drug Diversion Investigators)

• For the purposes of this discussion, we will mainly limit our comments to controlled substances

Introduction

• We have an ongoing epidemic of prescription drug diversion and abuse in America

• Some of those becoming addicted work in the healthcare setting

• Some of these addicted health care workers divert (steal) drugs from their patients and their employers to support their addiction
Faces of Drug Diversion

• Kristen Parker, Surgical Tech, Gets 30 Years For Infecting Patients With Hepatitis

Faces of Drug Diversion

• Mayo Clinic tech gets 30 years for Hepatitis C infections
Faces of Drug Diversion

• Hepatitis C Outbreak: Arrest Of Medical Technician
  David Kwiatkowski Shows Flaws In System

Diversion is a Crime

• While some call addiction a “victimless crime,” supporting that addiction by drug diversion from the heath care workplace is a multi-victim crime
  • It puts at risk the patient
  • It puts at risk the addicted diverter
  • It puts at risk their co-workers
  • It puts at risk the their employer
  • It puts at risk society in general
Why the Epidemic?

- Availability
- Perception of safety in relation to street drugs
- Profit motive

Availability

Total Number of Opioid Prescriptions Dispensed by U.S. Retail Pharmacies, 1991–2010

Source: SDI Vector One® National (VONA)
Availability

Specific Illicit Drug Dependence or Abuse in the Past Year among Persons Aged 12 or Older:

- Marijuana: 4,476
- Pain Relievers: 1,901
- Cocaine: 1,003
- Tranquilizers: 521
- Hallucinogens: 387
- Heroin: 359
- Stimulants: 337
- Sedatives: 162
- Inhalants: 161

National Survey on Drug Use and Health - 2010
Opioid Pain Relievers

[Graph showing trends in OPR deaths, treatment admissions, and OPR sales]

Unintentional Drug Overdose Deaths by Major Type of Drug, United States, 1999-2008

[Graph showing number of deaths over time for Opioid Analgesics, Cocaine, and Heroin]
Leading cause of accidental death

Figure 1. Motor vehicle traffic, poisoning, and drug poisoning death rates: United States, 1980–2008

NOTE: In 1999, the International Classification of Diseases, Tenth Revision (ICD-10) replaced the previous revision of the ICD (ICD-9). This resulted in approximately 1% fewer deaths being classified as motor-vehicle traffic-related deaths and 1% more deaths being classified as poisoning-related deaths. Therefore, death rates for 1980 and earlier are not directly comparable with those reported after 1999. Access data files for Figure 1 at https://www.cdc.gov/nchs/data/databriefs/db201_tablepdf.pdf.

Past Year Initiates for Specific Illicit Drugs, Ages 12+: 2005

<table>
<thead>
<tr>
<th>Drug</th>
<th>Numbers in Thousands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>2,193</td>
</tr>
<tr>
<td>Inhalants</td>
<td>1,286</td>
</tr>
<tr>
<td>Stimulants</td>
<td>877</td>
</tr>
<tr>
<td>Cocaine</td>
<td>872</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>647</td>
</tr>
<tr>
<td>Sedatives</td>
<td>615</td>
</tr>
<tr>
<td>LSD</td>
<td>247</td>
</tr>
<tr>
<td>Heroin</td>
<td>243</td>
</tr>
<tr>
<td>PCP</td>
<td>108</td>
</tr>
<tr>
<td>Pain Relievers</td>
<td>77</td>
</tr>
</tbody>
</table>
Source Where Psychotherapeutics Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2005

Percent of Past Year Users

- Pain Relievers
- Tranquilizers
- Methamphetamine
- Stimulants

- Other
- Bought on Internet
- Drug Dealer/Stranger
- 1 or More Doctors
- Bought/Took from Friend/Relative
- Free from Friend/Relative

Number of Events of Theft or Loss by Drug

- Hydrocodone: 61
- Oxycodone: 58
- Hydromorphone: 47
- Morphine Sulfate: 45
- Fentanyl: 26
- Meperidine: 22
- Zolpidem: 14
- Lorazepam: 13
- Methadone: 10
- Midazolam: 8
- Codeine: 7
- Amphetamine Aspartate: 6
- Methylenedioxymethamphetamine: 5
- Sufentanil: 4
- D-Amphetamine: 4
- Alprazolam: 3
- Propoxyphene: 3
- Dextroamphetamine: 3
- Clonazepam: 2
- Zaleplon: 2
- Testosterone: 2
- Diazepam: 2
- Cocaine: 2
- Other: 10

MN Dept of Health/DEA from DEA form 106 data
Addiction comes to work

• Any healthcare facility which houses controlled substances is at risk for diversion
• Any employee is capable of diversion
• Vigilance is mandatory
• Diversion often happens by seducing co-workers into policy violations eg. “virtual witnessing” of waste
• Often these are otherwise stellar employees

Mayo Clinic Medication Diversion Prevention
Current Program

Medication Diversion Prevention Coordinator

• Initial point of contact for all suspected diversions
• Coordinates the preliminary investigation
• Initiates and coordinates meetings with Drug Diversion Response Team (DDiRT)
• Participates in intervention
• Interfaces with law enforcement when needed
• Oversees diversion surveillance program and team members
• Maintains data base of cases
• Assures proper reporting to authorities before case closed
Mayo Clinic Medication Diversion Prevention
Current Program

Reporting Process
• Established “Hot Line” – 24x7 pager
• Institutional compliance line
• Signage posted on Pyxis machines & other locations
• Anonymous reporting if desired

Surveillance Program
• Report generation & data analytics
  – ADM data utilized
  – 26 + reports (daily, weekly, monthly)
  – Analytics tool (vendor, inhouse)
• Waste collection & analysis
  – CS waste returned to pharmacy in anesthesia areas, ED, GI Labs (expand to other areas?)
  – Randomly assayed (Quantitative vs Qualitative)
  – Strict reconciliation of records
• Audits
  – Order vs removal vs administration vs pain scales
  – Manual vs electronic
• Review of Paper CS Inventory & Disposition records
• Camera Surveillance (High volume areas, “For Cause” surveillance)
Drug Diversion Response Team (DDiRT)

- A multidisciplinary team to provide expert consultation and direction regarding suspected medication diversion cases
- Meets within 24 hours – includes applicable manager, HR partner, etc.
- Reviews and discusses available evidence to determine if potential diversion exists
- Recommends next steps (e.g. further monitoring, immediate intervention, employee interview, etc.)
- Internal / External reporting
- Ensures consistent, standardized approach

Elements of Best Practice

- Developed by Pharmacy with consensus input from others
- Purpose to establish core structure & processes that would optimize the detection and minimize the occurrence of controlled substance diversion
- 77 elements. Ongoing review.
- Categorized as Tier 1 / Tier 2
- Used as foundation for independent assessments across other sites
- Green-Yellow-Red stop light assessment grid to allow tracking of progress
Mayo Clinic Medication Diversion Prevention
Current Program

Experiences / Lessons Learned
• This is a journey….not a destination
• It’s all about the details
• Focus on high risk areas first (e.g. anesthesia, procedural areas, ED) but don’t forget about the unusual areas (e.g. animal research, clinical laboratory)
• Robust surveillance is critical
• Educate and be transparent…solicit the help of the 99.9%
• Requires strong, active multidisciplinary leadership
• Optimize technology
• Requires resources

MN Coalition to Prevent Drug Diversion

• MN Department of Health
• MN Hospital Association

• http://www.health.state.mn.us/patientsafety/drug diversion/divroadmap041812.pdf
When/How to involve Law Enforcement?

- MN Coalition identified this as a contentious issue
- Recommended establishing contact with local LE before the need arises
- Real world: We still struggle with this
- “Significant Loss” must be reported to DEA within one business day
- ANY THEFT must be reported to DEA

In Summary

- Theft of controlled substances is common in the health care workplace
- If you look, you will find it
- Many divert, even employees with “no access to drugs”
- Learn from each episode- diverters are often very clever
- Waste stream is under constant attack
Questions?