

# DRUG DIVERSION

# Who?



## Drug diversion isn't limited to the streets.

It occurs in pharmacies, hospitals, long-term care and retirement homes. Monitoring the use and potential diversion of narcotic and controlled medications is an important component of medication management. There must be drug accountability every time a medication or keys change hands.

Abuse of a medication may lead to both psychological and physical dependence. Benzodiazepines have a lower potential for abuse than opioids.

Medications with a potential for dependence and misuse:

- Opioids (e.g. HYDRomorphone, fentaNYL, oxyCODONE)
- Benzodiazepines (e.g. LORazepam, clonazePAM)
- Stimulants (e.g. amphetamines, methylphenidate)
- Medical Cannabis?

### Anyone

- Registered and licensed nursing staff
- Unregulated care providers
- Visitors/Volunteers
- Staff members working in areas other than medication management
- Physicians, pharmacists, other healthcare professionals

### Anywhere

- Medication room
- Resident room
- Dining room
- Storage room
- Vacant area
- Restroom
- Locker room

### Why?

- High stress occupations
- Easy accessibility and knowledge
- Personal life and mental health challenges
- Chronic repetitive injuries
- Inadequate pain control for themselves or a spouse or close friend
- Substance abuse, drug of choice for personal use
- Drug trafficking to support personal use or for monetary gain

### Anytime

- Nightshift, dayshift, shift change
- Medication administration pass
- Breaks
- Receiving areas

## What to look for

### People around you

- Often the best staff member on the unit, someone you never would have suspected
- Takes frequent restroom breaks, or frequent disappearance from workplace
- Frequent cancelled shifts at the last minute
- Prefers night shifts or working in areas where residents are cognitively impaired
- Consistent personal health related problems, frequent illness or death in the family
- Changes in job performance, errors in judgement, absenteeism and excuses
- Discrepancies in narcotic counts and charting or sloppy, illegible charting
- Resident reports pain even though nurse documented the administration of pain medication
- Increased frequency in documentation of wasted or replacement doses
- No waste witness, only a single signature

### Tampering

- Substitute diverted medication with another
- Liquid medications may be diluted with water, injectables with saline
- Counterfeit patches are placed on resident, original patch is diverted
- Signs administration record but doesn't administer diverted medication
- Removes the full blister card of PRN medication and accompanying documentation
- Diversion at the time of destruction: Pockets medication instead of destroying it
- Intentional math errors or intentional poor record keeping at shift counts
- Excessive PRN administration compared to other staff assigned to the same resident
- Removes expired medications or medications from recently discharged residents

# Anyone

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