

Compliance Today – November 2019

Drug diversion prevention programs: Do they belong in compliance?

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In 2017, overdose deaths involving opioids were six times higher than what they were in 1999, with about 130 people dying every day from an opioid overdose.^[1] The increasing trend in opioid-related fatalities and overdoses is being called an epidemic. The individuals misusing opioids are not just the patients our healthcare organizations treat, but they include our colleagues, the healthcare workers providing care within our own organizations. Estimates of how many people working in healthcare have substance use disorders or addictions vary. Sources suggest around 10% of healthcare workers have an addiction at any given time.^[2] Rates of addiction among healthcare workers may be similar to the general public; however, addiction may be higher in healthcare workers because of high-stress jobs, working long hours, and having knowledge about and access to prescription medications. Because only about 1 in 10 people who need treatment for substance use disorder actually receive treatment,^[3] it will remain a challenge to accurately estimate the numbers of healthcare workers with addiction.

Pharmacists, pharmacy staff, nurses, and anesthesiologists may have higher rates of opioid use because of their access to these medications. Anesthesiologists often have the highest rates of opioid use compared to other physician groups.^[4] ^[5] USA Today (2014) reported that, in a given year, more than 100,000 healthcare workers are abusing or dependent on prescription drugs.^[6] Healthcare providers have access to medications to help ease pain, anxiety, and sleeplessness, and medications that help reduce withdrawal symptoms. Unfortunately, there are times when healthcare workers choose to take these medications from their place of employment for their own use. Drug diversion is the illegal use of prescription medications for purposes not intended by the prescriber.^[7] It is relatively easy for healthcare workers to divert drugs in their workplace⁸ because of their familiarity with the systems and because of common gaps in security measures. Drug diversion affects more than individuals; it can affect patients, coworkers, payers, and the reputation of the facility where it occurred.^[8]

Diversion implications

Healthcare workers predominately divert medications for their own use but may also do so for monetary gain or to provide the medications to others. Unfortunately, there are several reported cases of patients contracting bloodborne illnesses from healthcare workers who were infected and diverting medications. Between 2008–2016, three outbreaks occurred because of drug diversion by healthcare providers infected with the hepatitis C virus (HCV). The three diversion-related outbreaks led to at least 78 associated cases of HCV and more than 26,217 persons notified for bloodborne pathogen screening.^[9] In 2018, another reported case of HCV transmission, thought to be from a nurse working in two different hospital emergency departments, was reported; at least 12 patients are believed to have been infected from that healthcare workers' diversion of intravenous medications.^[10] Hepatitis C may be the most common infection caused by hospital diversion, but it is not the only one. According to the Centers for Disease Control and Prevention, since 1983 there have been cases

of diversion leading to infections of *Pseudomonas pickettii*, *Serratia marcescens*, *Achromobacter xylosoxidans*, and one other gram-negative bacteremia.^[11]

Limited data is available on the frequency of diversion, and many healthcare workers are unaware of the occurrence in their own workplace. Diversion detection rates with automated medication dispensing systems have been estimated to be 1.12 diverters per 100 hospital beds per year.^[12] This likely underestimates actual cases of diversion happening in hospitals across the country, because this represents only detection rates. Additionally, diversion can and does occur outside of automated medication dispensing systems. This means that individuals working in healthcare settings, either those who are licensed to handle medications or those who should not have access to medications, are able to obtain medications without a record of doing so. Theft of medications like this can occur when medications are not secured at all times or they are left unattended.

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