

## Averting Drug diversion in Healthcare settings

### Dear Editor:

Drug diversion can be defined as any act or deviation that removes a prescription drug from its intended path from the manufacturer to the patient. This can include the outright theft of drugs, or it can take a variety of deceptions such as doctor shopping, forged prescriptions, counterfeit drugs and international smuggling [1]. Drug diversion by healthcare personnel represents one facet of drug diversion that is gaining recognition as a ubiquitous and poorly controlled patient safety risk [2]. According to the 2010 National Drug Threat Assessment report from United States, the most commonly diverted controlled prescription drugs are opioids such as codeine, fentanyl, morphine and hydrocodone. The other drugs which are implicated under drug diversion are ephedrine, dextromethorphan, benzodiazepines, etc. [3].

Drug diversion occurs at every point in the drug supply chain. A primary route of drug diversion takes place at the wholesale level of manufacturing and distribution and includes the theft of medications in transit. The next layer of diversion occurs at the retail level, where the theft of drugs by employees and others takes place from hospitals and pharmacies. Diversion also occurs through the use of stolen or forged prescriptions and the sale of controlled substances without prescriptions. At the patient level, inappropriate prescribing and the seeking of prescription drugs under false pretenses can be routes of drug acquisition for nonmedical purposes. Theft, sale or improper disposal of legitimately prescribed medications also contributes to the pool of diverted drugs [4].

In cases of drug diversion, patients may potentially receive substandard care from an addicted and drug-diverting individual. Other potential harm to patients includes the possibility that they will receive an adulterated or contaminated drug in place of the diverted drug.

A contaminated drug could put patients at risk for blood-borne infections, sepsis, wound infections, and infections of implanted foreign bodies such as prosthetic joints and heart valves. An individual who diverts drugs within the hospital environment introduces a profound risk of morbidity and mortality to himself or herself. In addition to the biologic risks, drug diversion is associated with profound professional risks such as felony criminal prosecution and civil malpractice actions [5]. Drug diverting healthcare workers (HCWs) act as a potential source of health risk to their fellow workers. All members of the healthcare team which includes the drug diverting workers will be at risk of medico legal liability in case of any adverse patient outcomes [6]. Problems faced by the employer include the loss of revenue from diverted drugs and the potentially poor work quality or absenteeism of the addicted HCWs. Drug-diverting HCWs also place their employer at risk of civil liability for failure to prevent, recognize, or address signs of drug diversion or of an impaired or addicted employee [5].

Many HCWs are unaware that drug diversion is a serious problem in the workplace. Thus, broad-based educational efforts must be instituted that focus on the nature and scope of the problem, signs and symptoms of possible diversion and addiction and proper ways to respond if diversion is suspected. The entire workforce should be informed of the threats to life and career presented by drug diversion. Orientation of new employees should include such education and ongoing education should occur throughout an HCW's career. In an effort to discourage diversion, all employees should be made aware that procedures are in place to facilitate detection, with the objective of preventing patient harm, diversion-related addictive illness, and drug-related deaths [2].

### References

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