



Drug Diversion: Insight Into Solutions

Drug impairment and, more seriously, drug diversion is highly prevalent in the healthcare industry. Both contain a high degree of exposure to licenses, continuation of business, criminal records and unwanted notoriety. While both follow the same behavior, the final resolution process is vastly different.

Drug theft, whether for personal use or for sale on the street, is a serious threat to any healthcare provider. The continuing rise of illicit prescription drug use by high school and college aged students is alarming. Regardless of the intent of the end user, this topic involves such a wide spectrum of personnel and business types that prevention, investigation, and resolution takes a great deal of skill. This skill requires knowledge of business practices, shrinkage, State and Federal regulatory law, criminal law, rehabilitation consideration and employment law. It is a complicated matter.

Let's separate impairment from diversion. Impairment, or addiction, involves the theft of mostly narcotics for personal use. Theft of steroids and non controlled drugs such as Soma would also fall into this category. Diversion is the theft of any pharmaceutical to be sold or traded for personal gain. Resale is not limited to common "street crime" but also can involve Medicare fraud, theft for other providers, organized crime and a host of others. Theft of high dollar HIV/AIDS medications, steroids, birth control pills, and analgesics are quite common place. Regardless of the basis or type of theft, the implications are far reaching.

Detection

Detection of small amounts theft over long periods of time is difficult but not impossible. Detection of large, organized theft is should be more easily identified but in many cases the person controlling the inventory is committing the theft. This supervising individual whether a nurse, pharmacist, mail order manager, doctor or dentist has the opportunity and the means to both order and cover losses. It is a sophisticated crime.

How can theft be detected? No matter how crafty the suspect, the one element that cannot be controlled by those engaged in theft is the financial performance of their operation. This is not the case with a self operated business but those types of thefts are primarily discovered through audits by law enforcement. Detection is a by product of security. Let's look at detection.

In its simplest form, detection of the loss of pharmaceuticals is a basic inventory control function. The three variables are replenishment, documented usage, replenishment. Regardless of the type of business there is a certain amount of anything that is in inventory: books, parts, computers, supplies, drugs. During some period of time some of that starting inventory, either in dollars or physical units, is used. That usage is generally tracked by tick marks on a note pad to a highly sophisticated mechanized program that has automatic order points. Regardless, depletion of inventory is fairly predictable over time and can therefore be forecast as well. Here is a common sense, simplistic example of monitoring inventory: You order what you use. There is no reason to order anything more than at the rate you use it and by using percentages of increase, the variances become highly recognizable. Use percentages because in drug inventories, units may not raise a flag.

Let's use Drug X (not its generic equivalents) as an example. Over the past several months seven bottles of X are ordered each month and random audits show five bottles dispensed each month during the same time frame. Further examination reveals approximately 2 bottles on the shelf. History tells you that 5 dispensed bottles is very predictable. Ordering begins to gradually increase from 7 to 9 to 12 bottles per month. An increase of 5 bottles per month would be lost within a large inventory system. An increase in ordering of Drug X of 60% would raise a flag. If dispensing/sales/transfers, etc increased 60%, it would explain the increase in orders. However, with



maintaining a recorded distribution of only the same 5 units would mean, in theory that the remaining units should be accounted for. Generally there is no explanation and the investigation begins.

Replenishment and dispensing/sales are on parallel lines that obviously move together. Movement of replenishment without movement of dispensed should initiate review. This evaluation can also be done in reverse where a previous discrepancy suddenly stopped. Who or what caused the activity to stop? Theft activity of individual units, such as pills, will have the same effect but over a longer period of time because the stolen drugs still have to be replaced in some way.

Prevention and Awareness

Theft of most anything revolves around the same general factors: Need, Opportunity, Justification. Drugs add a fourth dynamic, addiction. Prevention then becomes more difficult because the illness of addiction allows a person to take risks that others would not take. In that case, prevention and detection must work hand in hand. Physical security measures will only deter the opportunist, not the person with the keys! Prevention programs should be driven to the 80-90% of personnel who would never participate in drug theft. Successful prevention and awareness programs are not an "event" to be held annually only to die two months later. Prevention is also a byproduct of detection. High probability of detection is a good deterrent. The fact that audit and review programs exist should be a part of any theft prevention program. This requires an intensive review of all operational procedures and practices to ensure that all appropriate measures are in place and that compliance is consistent. To reiterate however, prevention and awareness campaigns will do little to curb theft by those impaired or those who are making significant income from sales. Detection then becomes primary.

A primary facet to any prevention program begins with the hiring process. Full criminal background checks should be mandatory for any level of employee who has access to drugs. Preemployment and random drug testing is still highly controversial in many circles of health care. This should be considered with a high degree of care but has long term benefits that should not be overlooked.