

**North Carolina  
Board of Pharmacy**



**Drug Diversion  
Pocket Card**

## Drug Diversion

### What is drug diversion?

Drug diversion is the transfer of a prescription drug from a lawful to an unlawful channel of distribution or use. Federal law prohibits a patient from giving, selling, or otherwise transferring a controlled substance to another person.

### What is diverted?

The most commonly diverted/abused pharmaceutical drugs are:

- Narcotics: hydrocodone (Vicodin, Lorcet, Norco, etc.), oxycodone (OxyContin, Percocet, etc.), fentanyl (Duragesic, Actiq, etc.), hydromorphone (Dilaudid), etc
- Stimulants: amphetamine mixtures (Adderall, Vyvanse), methylphenidate (Ritalin, Concerta).
- Depressants: Benzodiazepines: alprazolam (Xanax), diazepam (Valium), clonazepam (Klonopin), etc. Barbiturates: pentobarbital, phenobarbital, etc.
- Muscle relaxants: carisoprodol (Soma), metaxalone (Skelaxin).
- Pseudoephedrine (Sudafed).

### Who can divert?

Anyone! Drug diversion can occur at any point in the drug supply chain. If you suspect diversion, start from the beginning.

### Courier Service:

- Couriers are aware that they are transporting drugs.
- As soon as an order is delivered to the pharmacy it should be immediately checked in and inventoried to determine if the order is correct.
- Double check invoices and immediately notify wholesaler if order is not correct.
- Be aware of packages that disappear, packages that are not sealed completely (or appear altered), and changes in delivery schedules.

### Pharmacy staff:

- Conduct background checks (criminal checks, credit checks, reference checks) on all staff.
  - » **Note: Federal law prohibits a DEA registrant from employing any person who has been convicted of, or pleaded guilty or no contest to, a felony involving controlled substances.**
- Drug screen new hires.
- Consider random drug screens for current staff.
- Watch for changes in pharmacy staff behavior:
  - Personality changes
  - Changes in work habits
  - Taking frequent breaks
  - Frequent phone calls and visits from family and friends
  - Financial problems
  - Unusual interest in a drug not normally handled
  - Taking down drug bottles when not needed
  - Filling own and family/friend's prescriptions
- Lock up expired/recalled controlled substances.
- Pharmacists should check in controlled substance orders themselves, or closely monitor technicians who perform this task.
- Observe technicians and other pharmacists' counting of medications.
- Double count on prescriptions (two different people), especially schedule II drugs.
- Check refills on staff prescriptions, especially for friends and family of staff members.

### **Hospital/Institution Staff:**

- Drugs can be diverted anywhere in their path of distribution in the hospital, even when delivered to units by technicians.
- Addicted nurses are one of the most widely reported causes of diversion.
  - » Frequent sign-outs            » Frequent wasting
  - » Patient refusals               » Substitution
  - » Accidental breakage         » Dilution
  - » Documentation issues       » Verbal orders

### **Patients/Prescribers:**

Potential signs a prescription **may** have been forged:

- Standard abbreviations are not used.
- Quantities, directions, or dosages differ from usual medical usage.
- Prescription appears to have been photocopied.
- More than one ink color or handwriting is used on the prescription.
- Eraser marks are visible.
- The paper appears to have been wet (acetone may be used to erase a valid prescription).
- Quantity appears to have been changed (a valid prescription for 10 pills could easily be changed to 40, 70 or 100 pills).
- Prescription pads may have been printed independently using a valid physician's name, address and DEA number, but with a different phone number where the forger's accomplice will answer the phone and confirm the information.
- Patients could call in their own prescriptions and give their own telephone number as a callback number.

Potential signs a prescription **may** not have been issued for a legitimate medical purpose:

- Practitioner writes prescriptions that are notably in excess of those written by other practitioners.
- Prescriptions for antagonistic medications (i.e. depressants and stimulants) are presented simultaneously.
- The patient appears to be returning too quickly (a prescription which should have lasted for a month in legitimate use is being refilled on a biweekly, weekly, or even daily basis).
- Patient presents prescriptions written in the names of other people.
- A number of people present within a short time bearing prescriptions from the same physician.

Prescription forgery prevention techniques:

- Encourage physicians to write out the quantity (i.e. "ten") on the prescription, making it more difficult to alter.
- Verify telephone numbers on prescriptions with a phone book or electronic physician records on file.
- Maintain a reference file of physician's signatures.
- When there is any question about any aspect of the prescription order, telephone the prescriber for verification or clarification.
- Check the date on the prescription. Has the prescription been presented to you in a reasonable length of time since the prescriber wrote it?

How to handle a potentially forged prescription:

- Contact the prescribing physician to verify the information on the prescription. Should the physician instruct you not to fill the prescription, make a notation to that effect on the face of the prescription.
- Ask the patient for identification.
- When you have a confirmed forged prescription, contact local law enforcement. Make a copy of the forgery to keep in your records.
- If the patient demands the prescription be returned, give it back. Do not jeopardize the safety of your customers, your staff or yourself. If you have to return a prescription you believe is forged, jot down what you can remember about the forger and the prescription if you did not have time to make a copy.

Remember:

- It is impossible to spot a drug abuser solely by the way he or she looks.
- Several signs of forged prescriptions are subjective and are not necessarily indicative of wrong doing.

General diversion prevention measures:

- Limit access to pharmacy for staff (i.e. limited access for cashiers/front-of-store employees) and close monitoring of non-staff (i.e. repair workers, drug reps).
- Install security cameras.
- Training and education for all staff members to be aware of the potential for diversion. Drug abuse prevention should be an ongoing staff activity.

### **Reporting Diversion:**

- Any theft or significant loss of a controlled substance must be reported in writing to the field division office of the DEA within one business day of the discovery of such loss or theft. Completion of a DEA 106 form regarding the loss or theft is also required. (DEA 106 form/information: [http://www.deadiversion.usdoj.gov/21cfr\\_reports/theft/index.html](http://www.deadiversion.usdoj.gov/21cfr_reports/theft/index.html)).
- Any theft or significant loss must be reported to the NCBOP within 10 days of the drug loss/theft via the Drug Disaster and Loss Report (<http://www.ncbop.org/Forms/DrugDisasterandLossReport.pdf>).
- If you believe that you have a forged, altered, or counterfeited prescription, contact local police. Be objective and factual when talking to the police.

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Other information may be obtained from the following:

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**Drug Enforcement Agency**  
Greensboro, North Carolina  
336.547.4219  
*Controlled Substance Information*

<http://www.deadiversion.usdoj.gov/>  
DEA Office of Diversion Control

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**North Carolina Board of Pharmacy**  
Chapel Hill, North Carolina  
919.246.1050  
<http://www.ncbop.org>

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