Drug Diversion

The Centers for Medicare & Medicaid Services define drug diversion as “diverting licit drugs for illicit purposes.”¹ The Uniform Controlled Substances Act (1994) defines diversion as “the transfer of a controlled substance from a lawful to an unlawful channel of distribution or use.”² The following information will focus on prescription drug diversion by healthcare workers (HCWs) and its prevention.

Illicit diversion commonly includes controlled substances such as opioids, but also may involve psychotropic and high-value medications. Diversion can be performed by anyone with access to these medications. The mode of diversion includes stealing unopened vials or syringes, tampering with a syringe or vial and replacing the medication with water or saline, and administering only a portion of a dose to a patient and stealing the remainder.

The scope of drug diversion is difficult to ascertain. This is due in part to HCWs’ access to controlled substances, as well as to the ease with which undetected diversion can occur. A 2014 USA Today article noted that more than 100,000 HCWs in a given year are abusing prescription drugs.³ Other sources suggest as many as one-in-ten nurses and physicians suffer from drug dependency.⁴,⁵ While not all HCWs suffering from drug dependency divert, the potential scope of diversion is broadened. Less common, drug diversion also may take place for an individual HCW’s financial gain.

The cost of prescription drug diversion is monumental. In dollar terms, the DEA estimates this is a $25 billion-a-year industry.⁶ But the effect on patient safety, organizational reputation, regulatory compliance, and potential liability makes this a much larger problem. In addition, the psycho-social toll on the abusing HCW and their colleagues and families can be devastating.

Drug diversion is recognized as a nationwide problem by a cross-section of industry stakeholders. These include the organizations themselves, payers of healthcare, regulatory agencies, state and federal licensing bodies, and state and federal policing agencies.

Valuable resources are available to healthcare organizations to aid in addressing prescription drug diversion. Individual states like Missouri offer guidance on the prevention and investigation of drug diversion⁷, and the Minnesota Hospital Association offers a toolkit with staff education resources.⁸

The Mayo Clinic has made significant effort to address drug diversion, developing a policy and process flowchart to guide its facilities.⁹ The Centers for Disease Control and the DEA offer resources on related webpages. In addition, most states have a program for substance abuse recovery assistance for licensed medical professionals.

Consider the following risk-mitigation strategies to address drug diversion within your healthcare organization:

• Recognize that drug diversion is a concern for your healthcare organization. Do not allow an individual employee who is diverting to adversely impact your overall operation and reputation.

• Form a multi-disciplinary committee, including pharmacy and risk management, to address drug diversion.

• Develop policies and processes that address the prevention, identification, and management of drug diversion.
• Educate staff about drug diversion upon hire and at regular intervals, and document. Education does well to address staff’s role and responsibility in both prevention and identification.

• Be vigilant in drug diversion prevention efforts. Maintaining this focus discourages diversion and enhances patient safety.

• Consult with your liability insurer about preventing drug diversion and related management strategies.


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