

Drug Diversion Prevention Practices

1. Request driver's license or insurance cards of new patients. Insist on a delivery address where the patient actually lives. Patients traveling significant distances should be queried regarding why they chose your office, referral sources, and known patients. Drug seekers frequently travel great distances from within and outside the state.
2. Reinforce "no sharing" of medications with family or friends. Sharing medication is quickly becoming the leading source of prescription drug abuse and misuse.
3. Use a substance abuse/addiction questionnaire (e.g., CAGE, NMASSIST) when considering chronic controlled substance treatment. Document performance of an opioid risk-screening questionnaire at least quarterly.
4. Observe patient records for multiple reports of prescription drug theft or repeated prescription losses.
5. When patients present with family or friends, try to isolate the patient to assess their true needs. Frequently, patients are coerced to request prescriptions by family or friends.
6. Consider tapering medications for patients that have been prescribed controlled substances for greater than 6-8 weeks (e.g., opioid or benzodiazepines). Physiologic withdrawal often leads to further medication abuse, misuse, and prescription requests.
7. Set appropriate goals for pain management. Patients or practitioners with the perception that pain will be completely eliminated with treatment may lead to perceived failure of therapy and prescription misuse.
8. Maintain thorough records of prescribed medications, including drug, date, dose, duration, diagnosis, and refills.
9. Maintain a list of alternative medications for the management of pain, anxiety, and insomnia for patients that are addicts of alcoholics in recovery. Help minimize your patient's risk of relapse.
10. Observe patient records for multiple requests of early refills for controlled substances, muscle relaxants, antipsychotics, gabapentin, and tramadol. Frequently, medications other than controlled substances are abused.
11. Establish a single lock-up site to store tamper-proof prescription pads. Never leave prescription pads in patient rooms.
12. Often, patients that request an increase in dosage early in treatment may not be at therapeutic goal. They may be perceived as drug seekers. This is known as pseudo-addiction and may lead to under-treatment of patients.
13. Always perform thorough background checks on medical and office staff.

Identifying Prescription Drug Seekers

14. You or designated office personnel should perform a prescription monitoring report on new and chronic patients receiving controlled substances. The report alone does NOT prove a crime has been committed and should be used to further questioning or an investigation of prescription drug abuse or diversion.
15. Request reports using your DEA number every 6 months to yearly from PDMPs to identify unknown patients or prescription fraud.
16. Acting immediately on “hearsay” reports from office staff, patients, and patient relatives may jeopardize your practice.
17. If patients report illnesses that are treated with a controlled substance AND a non-controlled substance such as an antibiotic, follow up with the pharmacy to see if the non-controlled substance was filled. Frequently, doctor shoppers only fill the controlled substances.

Treatment Considerations and Reporting Strategies

18. Communicate with other practitioners (physicians, dentists, etc.) when mutual patients are doctor shopping.
19. Provide at least a 30-day notice prior to discharging a patient from your practice for contract violations or criminal activities with at least two notifications, one being certified mail. Make certain that any termination is in accordance with all applicable laws, including those related to patient abandonment.
20. Consider referrals to medical or surgical specialists to optimize therapeutic options.
21. Maintain a list of local and regional detox centers, substance abuse treatment facilities, and Alcoholic Anonymous and Narcotic Anonymous meetings. Refer to these organizations when substance abuse or addiction is detected.
22. Report criminal behavior occurring on your premises. Section 164.512 (f)(5) of the HIPAA Privacy Rule states, “A covered entity may disclose to a law enforcement official protected health information that the covered entity believes in good faith constitutes evidence of criminal conduct that occurred on premises of the covered entity.”