

Detection and Deterrence of Prescription Medication Misuse and Diversion

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INTRODUCTION

The opioid epidemic is characterized by multiple factors, including but not limited to, increased opioid-related overdoses and deaths, increased medical costs, increased strains on medical services, increased incidence of opioid use disorder (OUD), and need for better management of pain-related disorders and OUD.^{1,2} More than one-third (37%) of the 44,000 drug overdose deaths that were reported in 2013 were attributable to pharmaceutical opioids. The major sources of prescription opioids involved in these overdoses and deaths have historically been reported to be prescriptions from healthcare providers.^{3,4} Pharmacists interface with both the patients and prescribers associated with diversion of opioids. This interface, combined with advanced knowledge about OUD and medication diversion, places the pharmacist in an essential role to detect and deter opioid prescription medication misuse and diversion. Prevention of patient-related opioid misuse and diversion requires use of multiple strategies and tools. Although drug toxicology, interviews, physical exams, use of prescription drug monitoring program (PDMP) databases, and pill/medication counts are important components of detection and deterrence, decision-making on any single piece of information should not occur without verification. Patients should be evaluated on a case-by-case basis, and documentation of findings in the patient record is important. A team-based approach using well-defined protocols is recommended (see Chapter 4, which discusses patient management).

RATIONALES FOR MEDICATION DIVERSION

There are three major rationales behind individuals intentionally deceiving healthcare providers to obtain prescription medications. These include acquiring medications for personal use to get “high” or significantly alter their sensorium; self-treating underlying diagnosed or undiagnosed medical conditions; and acquiring medications to trade for cash, goods, or services. Frequently, individuals trying to obtain prescription medications misuse and divert these medications.⁵ For patients with OUD, the motivation to divert medications is driven by complex changes in the brain provoking compulsions and cravings. Pharmacists’ refusal to dispense opioid prescriptions and a prescriber’s refusal to continue to prescribe opioids may further compound

stress associated with obtaining prescription opioids necessary to prevent withdrawal symptoms. In these situations, acquiring opioids illegally may require more advanced strategies to deceive prescribers and pharmacists.⁶ Regardless of the rationale for diverting opioid medications, acts of drug diversion are prosecutable at the state and federal level. However, failure to successfully treat patients with OUD who are diverting opioids will likely result in continued medication diversion.⁷ Statistical information regarding the incidence and methods of prescription medication diversion is limited. Information provided by law enforcement agencies generally report arrests, medications involved, and outcomes.⁸ However, various tools such as PDMPs and pharmacy practice strategies using geographic analysis can be used successfully to minimize illegal activities to obtain opioid medications.⁹

MEDICATION DIVERSION STRATEGIES

The methods used to acquire opioid medications outside of the legal pathways frequently involve complex strategies designed to deceive the healthcare team. Prescription drug misuse and diversion behaviors must be promptly recognized. This section reviews common strategies pharmacists may encounter in community pharmacies, outpatient settings, and hospitals. In addition, ASHP provides guidelines on preventing diversion of controlled substances (see <https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/preventing-diversion-of-controlled-substances.ashx>).

Community Pharmacy Practices

Doctor and Pharmacy Shopping

Common methods to obtain prescription opioids outside legal pathways frequently involve the patient's seeking out multiple prescribers to achieve additional medications.^{10,11} Patients may exaggerate symptoms or try to influence the quantity of medication prescribed.¹² Although there are various definitions or defined criteria for doctor shopping, in general, doctor shopping is the process of seeking out multiple prescribers with the intent to falsify or withhold information to acquire medications or be administered a prescription medication.^{9,12} Doctor shopping may involve visiting multiple prescriber sites such as ambulatory care clinics, emergency departments, and dental practices.^{9,12-14} Once individuals successfully obtain their targeted opioid prescription, they face the challenge of having their opioid prescription filled at a community pharmacy. In the authors' experiences, patients commonly target community pharmacies where pharmacists are less likely to practice due diligence or target times when prescription volume is excessive to minimize the risk of detection. In many cases, patients may target specific pharmacists who are more likely to dispense their prescription. The process of selectively seeking out multiple pharmacies or a pharmacist for the purposes of having a falsified prescription dispensed or to avoid detection of multiple prescriptions dispensed for the same or similar medication is known as pharmacy shopping.^{9,14} Both doctor shopping and pharmacy shopping have been associated with opioid-related deaths.^{11,14}