Reducing Risk of Misuse and Diversion

Great Lakes (HHS Region 5)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Medication-assisted Treatment Fact Sheet #2

Oversight and prescribing procedures can help reduce the potential for misuse or diversion of medication for substance use disorder treatment. Effective strategies include:

The Drug Addiction Treatment Act of 2000 (DATA)

The DATA 2000 waiver requires prescriber training on buprenorphine treatment, tracking of patients' prescription use and regular urine drug screens.

Patient Informed Consent and Treatment Agreements

Patients read and sign an informed consent and treatment agreement that includes examples of misuse and diversion and outlines patient responsibility to take medication only as prescribed.

Treatment Show Rates

Failure to show for required therapy sessions may indicate misuse or diversion of medication. Some organizations notify patients that medication will be discontinued after repeated no-shows.

Supervised Dosing

Patients take their medication in front of the prescriber or other qualified medical professional.

Pill/Film Counts

Patients bring in their prescriptions for unannounced pill or film counts. Failure to show could indicate medication misuse or diversion.

Random Urine Tests

Some treatment agencies have all urine tests observed by a same-sex staff member to prevent falsified urine collections.

Prescription Drug Monitoring Programs (PDMPs)

State programs that collect data on all prescribed and dispensed prescriptions. PDMPs can help prescribers identify patients who may be misusing or diverting their medication. As of November 2017, PDMPs are operating in all states except for Missouri.

Checklist for Detecting Medication Misuse or Diversion

Use the checklist on the reverse side to guide discussions with patients and monitor potential misuse or diversion.

Checklist for Reducing Risk of Misuse and Diversion[1]

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PRACTICE	EXPLANATION/EXAMPLES
“Talk”	• Define diversion and misuse with each patient. Ask patient to give examples of each from their experience with illicit drug use. • Discuss potential triggers. • Develop strategies to combat these behaviors. • Follow up at each visit about occurrences or close calls of medication diversion and misuse, just as with use of illicit opioid of choice. • Discuss openly throughout treatment.
EXAMINE	• Non-healing or fresh track marks or intranasal erythema may indicate buprenorphine injection or intranasal use, or that other substances are being misused, whereby the medication could be sold/traded for the opioid of choice. • Lack of objective signs of opioid withdrawal despite patient report of severe withdrawal. Discuss openly throughout treatment.
LISTEN	• Repeated requests for early refills due to various reasons: lost, stolen, or washed (forgot to take out of clothing) medications. Discuss openly throughout treatment.
MONITOR	• Missing appointments • Incorrect medication tablet/film counts • Urine test with absence of buprenorphine and/or norbuprenorphine • Unexpected medical problems for a patient believed to be in recovery (i.e., abscesses) • State prescription monitoring reports showing ongoing receipt of prescription opioids or other controlled substances that the patient denied being prescribed, and/or multiple prescriptions from different OBOT providers over the same period
	• Request feedback from pharmacist about unusual behavior from patient, such as appearing intoxicated or being accompanied by someone who appears to be overly interested in the medication; exchange of something in parking lot or waiting area. • Counselor and family members who are not currently addicted and who have the patient’s best interest in mind report patient contact with old drug-using friends, or patient non-adherence with medication if they are supervising ingestion.

[1]Lofwall, M.R., & Walsh, S.L. (2014). A review of buprenorphine diversion and misuse: the current evidence base and experiences from around the world. Journal of Addiction Medicine, 8 (5), 315-326.