Addressing Substance Use Disorder and Medication Diversion

(Formerly known as Preventing Medication Diversion)

caregivers

PREVENT *abuse/neglect* PROTECT *clients* PROMOTE *dignity*

FACILITATOR GUIDE

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Overview

Direct care staff in healthcare settings are often the first to notice slight changes in a client's medication or a colleague's behavior. Sometimes, they may see actions related to medication dispensing or job performance of their colleagues that "just don't feel right."

Healthcare providers regulated by the Division of Quality Assurance (DQA) must have written policies and procedures for safe and effective medication management, storage, and administration. Staff who administer medications need to follow the requirements specific to their provider type for training, documentation, assessment, monitoring, storage, and disposal. These laws and rules are in place to protect both those dispensing medication and those receiving care. Inadequately trained staff increases the risk of medication errors and diversion.

[This training recognizes that facilitators and attendees may represent any DQA-regulated health or residential care provider and may use different terms to refer to their provider type; to the individuals receiving care, treatment, or services; and to the individuals providing care, treatment, or services.

- *For this training, the term "provider" or "provider type" is used to refer to any DQA-regulated provider, entity, or facility.*
- *The terms "client" or "resident" are used to represent any person receiving care, treatment and/or services from any provider.*

Facilitators may wish to change the language to be appropriate to the setting in which they are presenting this information.]

Learning Points

Let's review the main learning points:

- Increase Awareness of Substance Use Disorder and Medication Diversion
- Understand Controlled Substances
- Learn Best Practices for Preventing and Reporting Diversion
- Identify Possible Substance Use Disorder and Treatment Resources

Introduction to Substance Use Disorder

Substance use disorder (SUD) is a pattern of behaviors that ranges from misuse to dependency or addiction, whether it is alcohol, legal drugs, or illegal drugs. Substance use disorder can affect anyone regardless of age, occupation, economic circumstances, ethnic background, or gender. It is a progressive and chronic disease, but also one that can be successfully treated.

Understanding Misuse, Dependency, Addiction

It is important to understand the difference between misuse, dependency, and addiction. Misuse means using medication in any way a doctor did not direct you to use it. Examples of misuse are using without a prescription or using in greater amounts, more often or longer than prescribed. Misusing a drug by taking it longer than prescribed or taking more than recommended can then lead to a physical and/or psychological dependence in order to function normally.

What society and doctors used to call "addiction" is now known by the clinical term "substance use disorder." According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a substance use disorder is characterized by having a mild, moderate, or severe dependence on certain drugs or prescription medications**.** Substance use disorders occur when the ongoing use of a drug, alcohol, or prescription medication causes an inability to fulfill and experience normal activities and responsibilities, including work, school, and at home.

Impact of the Opioid Epidemic

Opioids are medications that act on opioid receptors in the spinal cord and brain to reduce the intensity of pain-signal perception. When taken as prescribed, patients can use opioids to manage pain safely and effectively. However, it is possible to develop a substance use disorder even when taking opioid medications as prescribed.

Opioid use disorder (OUD) is a chronic disease of the brain characterized by the ongoing use of opioids despite harmful consequences caused by their use. Patients typically have both physical dependence and loss of control over their opioid use and may experience serious consequences related to their use. It is a relapsing disorder, which means that if people who have OUD stop using opioids, they are at increased risk of reverting to opioid use, even after years of abstinence.

Currently, more people die from fatal drug overdoses than motor vehicles. According to the Centers for Disease Control and Prevention (CDC) drug overdoses are the leading injury-related cause of death in the United States and the numbers have increased during the COVID-19 pandemic. Drug overdose deaths increased by 30% from 2019 to 2020, the number of deaths exceeded 100,000 in the 12-month period ending in April 2021. Among the 2020 overdose deaths, an estimated 75% involved opioids.

Introduction to Medication Diversion

A major driver of drug diversion is opioid abuse, which in recent years has reached epidemic proportions. Fentanyl is the most commonly diverted drug and is the lead opioid in causing deaths due to opioid overdoses.

The National Institute on Drug Abuse reports that over 9 million people in America use prescription medications for non-medical purposes. In other words, the medication is "diverted" – used for another purpose or by a different person. For the purposes of this training, the term "medication diversion" refers to theft of another person's prescription medication.

The misuse of prescription medications, especially controlled substances, is not restricted to any particular socio-economic class, culture, or geographic location. It may seem that healthcare professionals would be the last group to misuse prescription drugs. Unfortunately, that is not the case.

Think about the reasons why healthcare staff may be even more susceptible to drug diversion than others?

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[Give the group a minute or two to jot down their thoughts. Then ask for answers from the group. Possible responses:

- *Access*
- *They see residents taking meds with no ill-effects*
- *Realize the euphoria, pain relief that may occur*
- *They are familiar with meds; don't see them as addictive or harmful*
- *Job stress]*

Because of the availability of prescription drugs in healthcare settings, it's important that all managers, supervisors, and staff are aware of the dangers and outcomes of diverting medication.

Controlled Substances

The Controlled Substances Act (CSA) was enacted into law by the United States Congress as Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970. A controlled substance is generally a drug or chemical whose manufacture, possession, and use are regulated by the government.

There are five schedules of controlled substances. Classification decisions are based on the drug's potential for abuse, accepted medical use, and the potential for dependence. Schedule I drugs are controlled substances with a high potential for abuse and have no currently accepted medical use in treatment in the United States. Controlled substances in Schedules II through V are drugs with a current accepted medical use but still have abuse potential. Schedule II controlled substances are drugs that have a higher abuse potential than those in Schedule III through V.

The lower the Schedule Number, the higher the risk for abuse and/or dependence.

Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Some examples of Schedule I drugs are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

[Note: States have the ability to create their own schedules and the federal and state schedules do not always match up. For example, medical marijuana may be legally prescribed in some states; other states allow recreational sale and use. However, the federal schedules currently prohibit its sale for any use.]

Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin.

Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone.

Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Some examples of Schedule IV drugs are Xanax, Soma, Valium, Ativan, Talwin, Ambien, Tramadol.

Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Some examples of Schedule V drugs are cough preparations with

less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin.

Source: https://www.dea.gov/drug-information/drug-scheduling

Commonly Misused Prescription Medications

There are three types of prescription drugs that are most commonly abused because of the effects they may produce:

Central Nervous System (CNS) Depressants are used to depress activity in your brain. They are used to treat anxiety disorder as well as sleeping problems. In addition to becoming addictive, they pose the added danger of significant withdrawal symptoms if someone stops taking them abruptly. Prescription names include Xanax, Lunesta and Valium.

Dangers of depressants: Depressant misuse can cause significant breathing problems or death, especially when combined with other drugs, including alcohol.

Opioids are a class of drugs naturally found in the opium poppy plant. Some prescription opioids are made from the plant directly; others are made by scientists in labs using the same chemical structure. Opioids are often used as medicines because they contain chemicals that relax the body and can relieve pain. They have a high risk for addiction and overdose. Opioid pills become even more dangerous when crushed and snorted or injected. Used or discarded fentanyl patches may also be misused because a significant level of the drug remains. Theft of liquids is often disguised by refilling the container with another non-medical liquid. Prescription names include Oxycontin, Percocet, Vicodin, Codeine, and morphine.

Dangers of opioids: Opioid use can lead to respiratory distress and even death, especially when combined with other drugs, including alcohol.

Stimulants help stimulate brain activity and increase energy and attention. These are typically prescribed to treat conditions like attention deficit hyperactivity disorder (ADHD). Prescription names include Ritalin and Adderall.

Dangers of stimulants: Misusing stimulants can lead to dangerously high body temperature, seizure, and cardiovascular distress.

Take a look at the following chart. Draw a circle around any of the prescription medications that have ever been prescribed for your residents:

Some Commonly Misused Prescription Medications

Opioids	CNS Depressants	Stimulants
• Oxycodone (OxyContin, Percodan, Percocet) • Hydrocodone (Vicodin, Lortab, Lorcet) • Hydromorphone (Dilaudid) • Meperidine (Demerol) • Diphenoxylate (Lomotil) • Morphine (Kadian, Avinza, MS Contin) • Codeine • Fentanyl (Duragesic) • Methadone	<u>Barbiturates:</u> • Mephobarbital (Mebaral) • Pentobarbital sodium (Nembutal) <u>Benzodiazepines:</u> • Diazepam (Valium) • Chlordiazepoxide hydrochloride (Librium) • Alprazolam (Xanax) • Triazolam (Halcion) • Estazolam (ProSom) • Clonazepam (Klonopin) • Lorazepam (Ativan)	• Dextroamphetamine (Dexedrine and Adderall) • Methylphenidate (Ritalin and Concerta)

[Ask participants how many of the drugs they circled? More than 5? More than 10?]

This exercise emphasizes the need for vigilance in maintaining strict procedures for handling-controlled substances in your facility.

The Wisconsin Division of Quality Assurance estimates that oxycodone, morphine, fentanyl, and hydrocodone products are the most often diverted medications in long-term care facilities.

It's likely that diverted medications originally prescribed for residents are most often diverted by staff for personal use. However, opioids in particular also have increased value on the illicit drug market ("on the street").

Preventing Medication Diversion

Controlled substances can be stolen and used or sold. In both cases residents are at risk because they do not get their medication as prescribed. Caregivers who misuse medications can further put residents at risk due to receiving care from a caregiver under the influence.

Facilities should be diligent looking for warning signs from staff and also from family members and others who may come into the facility. Examples include a staff person who insists on checking in the medications, a staff person who is having financial difficulties, a family member who always seems present when a new supply of controlled substances comes in, and vendors who come to the facility asking how medications are stored. Watching for warnings and considering other information like pain and medication administration patterns can help determine if further investigation is warranted.

The old saying about an ounce of prevention being worth a pound of cure certainly holds true in this situation. Let's take a look at some of the ways both facility procedures and staff responses can help prevent diversion.

Observing the Rules and Regulations

Wisconsin Administrative Code and the Federal Code of Regulations outline requirements for the storage and handling of controlled substances for some healthcare settings:

Assisted Living Medication Management Initiative
https://www.dhs.wisconsin.gov/regulations/assisted-living/mmi.htm

Home Health, Hospitals and Personal Care Agencies
https://www.ecfr.gov/current/title-21/chapter-II/part-1306/subject-group-ECFR8588b52940237ef/section-1306.14

Hospitals
https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482/subpart-C/section-482.25

Nursing Homes
https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/132.pdf

Knowing Your Responsibilities

As an employee of a healthcare facility, it is your ethical responsibility to ensure the safety and well-being of residents. That includes staff reporting suspicions of drug diversion to a supervisor and managers aggressively investigating allegations.
You have a professional responsibility to store, administer and dispose of controlled substances appropriately, guarding against misuse while ensuring that patients have medication available when they need it.

No one likes to face the prospect of a colleague taking a resident's much-needed medication. But keep in mind that drug dependence and substance use disorder are powerful motivators for staff to circumvent the rules and regulations.

It may be difficult to approach this sensitive topic. However, it's critical that facilities maintain an awareness of the potential for drug diversion and create a culture that not only encourages reporting but insists on it.

Increasing Awareness: Recognizing Red Flags

The following "red flags" may indicate that a person is drug-impaired and/or may be diverting a resident's medications for personal use. It's important to note that these signs are not absolute proof, just indicators. However, observing several signs in one person demonstrates a need for further action.

- Excessive absenteeism, especially last-minute call-ins, or no shows
- Frequent disappearances from the work site, e.g., unexplained, or questionable absences; long trips to the bathroom or secured area where medications are kept
- Insistence on caring for specific residents who are prescribed controlled substances, especially residents with cognitive impairments
- A history of theft, shoplifting, multiple small claims for unpaid bills, disorderly conduct or driving infractions
- Poor interpersonal relations with co-workers, supervisors, and residents' family members
- Poor record keeping, frequently "forgetting" to chart or count meds
- Failure to complete tasks on time
- Volunteering to work nights or in settings with few other staff
- Visits by friends or relatives of the caregiver, especially when few staff are on duty
- Failure to follow medication administration and destruction policies

What Employees Can Do

If you suspect that a colleague is using drugs or diverting controlled substances, report your suspicions to your supervisor right away. Well-meaning staff who cover up or protect a colleague are enabling that person's behavior. It may be hard to report to a supervisor, but not reporting endangers you, your job and those in your care.

What Employers Can Do

If you are a manager or supervisor who recognizes any of these signs or receives a report from an employee, confronting an employee suspected of using drugs or diverting controlled substances is critical. Be sure to consult with your human resources department and/or legal counsel before taking any employment related actions. As part of any job action, encourage the employee to seek drug treatment assistance. There are a wide variety of programs available that vary from self-help to in-patient recovery programs. Some employers also offer Employee Assistance Programs (EAP) that can assist in locating treatment options.

[Note that more information about identifying SUD issues and treatment resources will be shared at the end of the training.]

Developing Best Practices

[Asking your audience for input will likely produce unique ideas. You may still direct the discussion by offering any strategies you have identified prior to the training or use suggested responses listed below.]

Think about some best practices that facility managers and supervisors can utilize to discourage/prevent diversion of medications by employees. Here are a few ideas to get you started:

- Include appropriate medication administration and handling procedures into job duties of caregivers authorized to administer meds. E.g., follow formal charting procedures; have 2 people count meds at the end of every shift, etc.
- Make unexpected rounds; stay in touch with staff and residents daily
- Safeguard medications slated for disposal; count them regularly; staff with access to locked storage units must maintain keys on their person

Now jot down some ideas of your own:

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[Give participants several minutes to jot down their thoughts. Ask the group for responses. Record responses on a flip chart. If you have a larger audience, consider breaking the group into smaller teams. Ask each group to report out on their suggestions. At the end of the exercise, give participants an opportunity to copy new ideas into their own training materials.

There are multiple responses possible. If the group does not include the following, suggest them yourself:

- *Contact law enforcement when drug diversion is suspected*
- *Incorporate medication diversion awareness training into new employee orientation and/or consider using this training as continuing education for staff*
- *State zero tolerance for medication diversion to all staff*
- *Make it clear that caregivers must report suspected medication diversion immediately; ensure that each caregiver knows to whom they should report*
- *Receive reports from caregivers in a positive way; let the reporter know you will investigate further*
- *Immediately intervene when you suspect drug or alcohol impairment or medication diversion*
- *Develop resources for intervention and treatment]*

Activity: Applying Best Practices

The following examples are based on cases reported to the Wisconsin Division of Quality Assurance. Keep in mind the best practices that we just discussed when completing this activity.

[A small group may discuss each example together. Break larger groups into smaller teams and give an example to each team. Ask teams to choose a recorder and reporter for reporting back to the larger group. Keep your flip chart from the best practices discussion available. Students may wish to add to the list after completing this activity.]

Example #1:

CNA Laurie entered resident Marie's room to help her get dressed for the day. At the time, Marie was in the bathroom with the door closed. A moment later, medication aide Michael also entered Marie's room to deliver her morning meds. Michael shouted through the bathroom door to remind Marie to take her meds. He then placed the med cup on her table before leaving the room. Laurie thought it was odd that Michael was delivering the meds. She believed that a student medication aide was supposed to be delivering meds that week. Laurie contacted RN Betty. Betty spoke to Marie, examined her med cup, and determined that a 20 mg dose of oxycodone was missing. Michael later stated that the student medication aide had filled the med cup and he hadn't paid any attention. However, the student stated Michael had "taken over" the med pass that morning. The facility reported the incident to the state and local law enforcement.

What best practices did the facility and staff demonstrate in this example?

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[Suggested responses include:

- *Staff were aware of "red flags" that something didn't seem right*
- *Staff felt comfortable taking her concerns to a supervisor*
- *Supervisor included interview with the resident who was very alert*
- *Facility reported incident to both law enforcement and the state]*

Example #2:

Director Judy had been receiving reports for about 6 weeks that medication counts were off, or residents complained about not receiving PRN meds. The busy director wrote it off as sloppy record-keeping or forgetful residents. After one resident's family complained loudly about their mother's claim of not receiving her pain medication, the director began to question staff. Resident Assistant (RA) Juanita admitted that she suspected her co-worker, medication aide Ashley, might be taking medications. Juanita had observed that Ashley insisted on delivering meds to certain residents and it seemed to Juanita that Ashley sometimes disappeared for long periods of time. Juanita said she didn't know what to do and never mentioned her suspicions to anyone. Shortly after the director began interviewing staff, Ashley quit her job. She is now working in a facility in a nearby city. The director felt relieved that Ashley was no longer her employee and considered the problem solved.

What best practices did the facility fail to observe in this example?

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[Suggested responses include:

- *Supervisor disregarded red flags, complaints of missing meds*
- *The caregiver Juanita did not report her suspicions to management*
- *Juanita said she didn't "know what to do." Did the facility have clear policies about observing red flags and reporting?*
- *Did facility staff receive training on recognizing signs of drug impairment and/or drug diversion?*
- *Supervisor failed to report an incident that may meet the definition of misconduct to the state*
- *Supervisor did not report as a crime to law enforcement]*

Should a facility report an incident to the state or law enforcement when a suspected caregiver quits or is fired? Why or why not?

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[Suggested responses include:

- *Substantiated finding of caregiver misconduct follow caregivers to other facilities statewide and minimize the risk of repeat behavior at a new location*
- *Even complaints that cannot be substantiated are maintained by DQA and sometimes indicate a pattern of behavior by a caregiver if repeat allegations are made by different employers*
- *Medication diversion that does not meet the administrative definition of caregiver misconduct may still be a violation of the law]*

Example #3:

Louise is a home health aide who starts her shift at 6:30 a.m. Her first task of the day is to count medications with Charlie who spends the night with the client. It seems like Charlie is always in a hurry to leave. He sometimes tries to convince Louise not to "waste time" counting the meds. Louise usually gives in and just signs off on the medication count. Today, RN Barbara stops for a home visit and tells Louise that medication counts are indicating missing medications, most often Vicodin and Percocet. On one hand, Louise is pretty sure that Charlie is the one stealing medications. But if she discloses her suspicions to her supervisor, Louise will have to admit that she didn't really count the meds when she signed the medication count.

Why do you think Louise agreed to Charlie's request?

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[Suggested responses:

- *Louise wanted to cooperate with her co-worker*
- *She didn't realize that it could reflect on her*
- *She didn't know how to say no*

How could the home health agency have prevented this incident?

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[Suggested responses:

- *Conduct spot checks of med counts*
- *Ensure that staff feel confident about refusing a request from a co-worker*

– *Give caregivers the power to avoid awkward situations by suggesting language they might use in such a situation. For example, Louise could then respond to Charlie's request by stating: "Hey—that's a serious work rule violation. I don't want to lose my job!"]*

Reporting Medication Diversion

Significant and long-lasting penalties await caregivers in Wisconsin who divert medications from those in their care. Both administrative and criminal penalties may apply. For that reason, the Division of Quality Assurance strongly urges facilities to contact law enforcement in addition to reporting to the state. For some facility types, it is mandatory to report to law enforcement.

Wisconsin's Caregiver Law

Wisconsin's Caregiver Law defines caregiver misconduct as abuse or neglect of a resident or misappropriation of a resident's property. Drug diversion meets the definition of misappropriation when the following criteria are met:

MISAPPROPRIATION OF PROPERTY
The intentional taking, carrying away, using, transferring, concealing, or retaining possession of a client's movable property without the client's consent and with the intent to deprive the client of possession of the property.

Therefore, facilities regulated by the Division of Quality Assurance are required to report suspected cases of drug diversion to the state when the facts may meet the definition outlined above. As always, if in doubt, report it out.

If Wisconsin's regulatory agencies (the Wisconsin Department of Health Services or the Department of Safety and Professional Services) substantiate a finding of misappropriation against a caregiver, that caregiver may be temporarily or permanently barred from working in a healthcare facility. In effect, the caregiver loses not only his/her current job, but any opportunity for future jobs in the field of health care.

Criminal Charges and Penalties

In some cases, medication diversion may constitute caregiver misconduct, a criminal violation or both. When caregivers divert prescription medications belonging to a resident or a facility, local law enforcement may initiate investigations and file charges.

The Wisconsin Department of Justice Medicaid Fraud Unit also prosecutes cases. A wide range of criminal charges may be pursued depending on the facts of the case. Criminal charges and convictions in Wisconsin are permanently maintained by the Department of Justice Crime Information Bureau as law enforcement records. And caregiver background checks always include a query of these records. Therefore, if a finding cannot be substantiated, there will still be a record of any criminal cases involving wrongdoing by a caregiver.

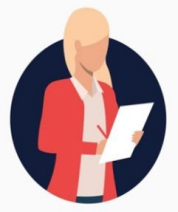
Consider the following scenario:

During a routine traffic stop, a police officer observes a clear bag of unidentified pills on the passenger seat. The driver, Ashley, tells the officer that she took the pills from the healthcare facility where she works because “the residents didn’t need them anymore.”

An interview of staff at the facility revealed that Ashley was sometimes responsible for destroying medications no longer used by residents. A co-worker admitted that Ashley had convinced him to sign the medication destruction form without actually witnessing the disposal of the meds.

The incident may not clearly meet the definition of caregiver misappropriation since the meds were no longer in the possession of the owner. However, there is a clear violation of the law. In this case the caregiver was charged with multiple counts of Theft-Movable Property <$2500 (Class A Misdemeanor) and Possession of Illegally Obtained Prescription (Class U Misdemeanor).

Identifying and Treating SUD



No one is immune from developing a substance use disorder. It can affect anyone regardless of age, ethnicity, gender, economic circumstance, or occupation. Healthcare professionals who misuse substances pose a unique challenge. The behavior that results from this disease has far-reaching and negative effects, not only for the person themselves, but also for the clients who depend on others for safe, competent care. Early recognition, reporting and intervention are fundamental for keeping clients safe and helping colleagues recover.

Awareness and Education

Substance use disorder is a very misunderstood disease. Many people don't understand why or how other people become addicted to drugs. They may think that those who use drugs lack willpower and that they could stop their drug use simply by choosing to. In reality, substance use disorder is a complex disease, and quitting

usually takes more than good intentions or a strong will. Drugs change the brain in ways that make quitting hard, even for those who want to. Fortunately, we know more than ever about how drugs affect the brain and have found treatments that can help people recover from drug addiction and lead productive lives.

Lack of knowledge about the facts surrounding substance use disorder perpetuates negative stereotypes about those suffering with SUD. Since these negative stereotypes can impede someone's recovery process, education is the first step in creating a culture of acceptance and understanding about colleagues with SUD.

The National Council of State Boards of Nursing (NCSBN) Substance Use Disorder in Nursing video provides a comprehensive look at the issue of substance use disorder. Although the video is focused on nurses, it covers the facts about SUD, reporting, treatment, and recovery for anyone working in healthcare.

[Play the video and give participants several minutes to jot down their thoughts. Ask the group to share what they learned.]

Early Identification

Healthcare professionals are not immune to developing a SUD. It is important for everyone to understand that SUD is a disease that can affect anyone and to be aware of the warning signs of a SUD. Early identification is crucial so those with SUD receive prompt treatment and patients receive the high-quality care they deserve.

You have a vital role in helping to identify colleagues with SUD, so it is necessary for you to be aware of the indicators that may mean that someone has a problem. It can be hard to know the difference between the signs of impairment and other behaviors but there are things to watch for to help your co-workers who may be struggling.

In addition to the red flags of drug diversion previously discussed, changes in behavior can be physical such as subtle alterations in appearance; increasing isolation from colleagues; inappropriate verbal or emotional responses; or diminished alertness, confusion, or memory lapses. If you are concerned about a colleague, prompt reporting to a supervisor or manager will serve as a safeguard to prevent patient harm and will also help your colleague receive care and treatment.

Safe Intervention

Managers need to be knowledgeable about facility policies and procedures, as well as state regulations. When a drug diversion or impairment is discovered or suspected, facility policy regarding investigation and reporting must be followed. SUD is a challenging and complex issue for healthcare professions, but with supportive

and educated supervisors and colleagues, staff with this disease can receive the treatment they need.

The SAMHSA Behavioral Health Treatment Services Locator, found at https://findtreatment.samhsa.gov/, is a confidential and anonymous source of information for persons seeking treatment facilities for substance use/addiction and/or mental health problems.

Wrap-Up

Detecting and preventing medication diversion is a step in providing safe and effective care to residents in healthcare settings. As we also see, addressing the behavioral signs of substance use disorder also helps staff and employers.

Review Learning Points

Let's review the learning points from today's training:

- Increase Awareness of Substance Use Disorder and Medication Diversion
- Understand Controlled Substances
- Learn Best Practices for Preventing and Reporting Diversion
- Identify Possible Substance Use Disorder and Treatment Resources

Substance Use Disorder Resources

The following resources are helpful for employers, staff, and their families.

Addiction 101
Addiction Policy Forum
https://addictionschool.addictionpolicy.org/p/addiction-101

Dose of Reality: Opioids in Wisconsin
Wisconsin Department of Health Services
https://www.dhs.wisconsin.gov/opioids/index.htm

Facing Addiction in America
The Surgeon General's Spotlight on Opioids
https://addiction.surgeongeneral.gov/

Facts about Fentanyl
Drug Enforcement Administration
https://www.dea.gov/resources/facts-about-fentanyl

Fentanyl Poisoning & Counterfeit Pills
Partnership to End Addiction
https://drugfree.org/fentanyl-poisoning/

Opioids
Centers for Disease Control and Prevention
https://www.cdc.gov/opioids/index.html

Resilient Wisconsin
Wisconsin Department of Health Services
https://www.dhs.wisconsin.gov/resilient/index.htm

Residential Substance Use Disorder Treatment Benefit Resources
Wisconsin Department of Health Services
https://www.forwardhealth.wi.gov/WIPortal/content/html/news/rsud_resources.html.spage

Start Healing Now
https://starthealingnow.org/

Substance Abuse and Mental Health Services Administration (SAMHSA)
https://www.samhsa.gov/
https://store.samhsa.gov/product/Creating-a-Healthier-Life/SMA16-4958

Substance Use Disorder
National Council of State Boards of Nursing
https://www.ncsbn.org/substance-use-disorder.htm

Substance Use Disorders
Wisconsin Department of Health Services
https://www.dhs.wisconsin.gov/aoda/index.htm

Treatment, Recovery & Prevention of Substance Use Disorder
Herren Project
https://herrenproject.org/

Understanding Drug Use and Addiction
National Institute on Drug Abuse
https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction

Wisconsin Voices for Recovery
https://wisconsinvoicesforrecovery.org/

Wisconsin Workplaces: Recovery Ready
Wisconsin Department of Workforce Development
https://dwd.wisconsin.gov/recovery-ready/

Training Materials Checklist

For this training, you will need:

- Laptop computer (recommended)
- MS PowerPoint (PPT Viewer can be downloaded for free at Microsoft.com)
- LCD Projector (recommended)
- Screen for viewing the PPT (recommended)
- Substance Use Disorder in Nursing video https://www.ncsbn.org/333.htm
- Flip chart and markers
- Printed Participant Guides
- Pens or pencils
- Substance Use Disorder Resources handout (email to attendees if possible)
- Evaluation (optional)
- Certificate of completion (optional)

Note: It is strongly recommended that the PPT be viewed using an LCD projector. If that option is not available, the PPT may be downloaded and printed as a handout.