

# **Diversion, risk management and the principle of “Balance”**

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**Opioid Risk Management Conference**

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**[www.medsch.wisc.edu/painpolicy](http://www.medsch.wisc.edu/painpolicy)**

# Aims

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- **What is a “balanced” approach to diversion and risk management?**
  - **National policy framework**
  - **Outcomes of a balanced approach**
  - **Roles of clinicians and law enforcement**
- **Are aiming in the right direction?**
  - **All sources of diversion?**
  - **A public health approach?**

# Consequences of diversion

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- **Illicit availability of prescription drugs**
- **Secondary crime**
- **Misuse, abuse, addiction/drug dependence**
- **Morbidity and mortality**
  
- **Reduced confidence in medications**
- **Reluctance to prescribe**
- **Reduced patient access to care**
- **Exacerbation of pain**

# National Policy Framework

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- States-regulate professional practice; diversion inv.
- FDA-regulates drug approval
  - ✓ Efficacy and safety
- CSA
  - ✓ Control system; registration; penalties; diversion inv.
  - ✓ Necessary for public health
  - ✓ Not for addiction; OK for ‘intractable’ pain
  - ✓ Availability ensured
  - ✓ HHS medical and scientific decisions binding on DEA scheduling

# The Principle of “Balance”

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- Opioids safe and effective; necessary
- Potential for abuse; control system
- Medical value of approved drugs unchanged
- Controlled substance policy not to conflict with medicine
- Efforts to address abuse and diversion must not interfere with medical practice and patient care

# Recognition of need for Balance

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- **Institute of Medicine**
- **American Cancer Society**
- **National Cancer Institute**
- **Federation of State Medical Boards**
- **American Medical Association**
- **Drug Enforcement Administration**
- **International Narcotics Control Board**
- **World Health Organization**
- **European Union**

# Outcomes of a “balanced” approach

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- **Sources of diversion are identified and resolved**
- **No interference in medical practice or patient care**

# Roles of clinicians and law enforcement

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	<b>CLINICIANS</b>	<b>LAW ENF./REG.</b>
<b>Primary</b>	<ul style="list-style-type: none"><li>• Evaluate patients' pain</li><li>• Relieve pain</li></ul>	<ul style="list-style-type: none"><li>• Evaluate sources of diversion</li><li>• Stop diverters</li></ul>
<b>Secondary</b>	<ul style="list-style-type: none"><li>• Know about diversion</li><li>• Avoid contributing to diversion</li></ul>	<ul style="list-style-type: none"><li>• Know about pain management</li><li>• Avoid interfering in medicine and patient care</li></ul>

# Balanced Approaches

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- **Educate clinicians about risk assessment**
- **Stop internet availability of opioids**
- **Stop pharmacy crime**
- **Identify doctor-shoppers**
- **Identify prescribers who divert**
- **Reduce demand**

Are we doing this?

# Unbalanced approaches

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- Don't stock it
- Reduce the dose
- Discontinue patients
- Refer pain patients to specialists
- Contracts and urinalysis for all patients?

Are we doing this?

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**Are we doing this?**

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**Do all states use Medicaid data to detect diversion?**

# Pharmacy theft in the USA

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**1984:** Congress makes pharmacy theft a federal crime

**2002:** > 45 pharmacy thefts in Boston area

**00-03:** 2,494 thefts of Oxycontin

631 armed robberies

707 night break-ins;

1,369,667 dosage units diverted

**2004:** “the number of pharmacies reporting drug losses due to breaking and entering has increased.”

# **We need a public health approach to diversion**

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- Evaluate all the sources (“vectors”)
- Examine existing data bases and their uses
- Prioritize according to severity
- Plan interventions
- Use appropriate authority
- Avoid unintended consequences
- Evaluate outcomes

**Are we there yet?**