

# Preventing & Addressing Medication Diversion

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April 2025

# Agenda

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Policy & Operational Considerations

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Dispensing

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Diversion Mitigation

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Responding to Diversion

# Department Level Considerations: An Overview

## MOUD Policy

- Clearly outline the clinical and operational aspects of the MOUD program

## Scope and sequence of MOUD implementation plan

- What, where, when, why, & how

## Communication

- Clear and consistent messaging from leadership

## Who is in charge of the implementation

- Subject matter expertise does not = effective program management

# Department Level Considerations: Key Considerations

## Decide MOUD product(s) & Obtain Federal/State Authorization

- Formulation of MOUD
  - Buprenorphine Product
  - Methadone
  - Naltrexone
- Medication Storage

## Decide on maintenance and/or induction MOUD

- Community standard of care is the goal

## Decide eligibility criteria

- When will someone be able to start MOUD?
  - Consider DOJ's Guidelines for Managing Substance Withdrawal (see reference)
- Polysubstance use is not a medical reason to permanently rule out MOUD
- See list of MOUD contraindications (see reference)

# Department Level Considerations

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## Decide on screening procedures

Collaborations with last point of care

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Urine Drug Screen

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Prescription Drug Monitoring Program

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Last Dose Letter

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## Decide on assessment procedures

Interdepartmental strategy

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Medical

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Nursing

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Licensed Mental Health professionals

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Substance Abuse Counselors, etc...

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## Patient education & informed consent process

Try to reduce staffing burden

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Tablets

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Videos on TVs, Brochures

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Peer Recovery Networks

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Closed circuit radio broadcasts

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## Reentry

Insurance activation

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Aftercare appointments

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# Department Level Considerations

## Dispensing Protocol

- Dedicated staff to administer and observation/ monitoring with training on procedures
- Ideally, dedicated space to monitor post administration

## Diversion Mitigation

- Fidelity measures of protocol
- Surveillance (Standard Operating Procedures)
- Random & targeted urine drug screens (UDS)

## Decide on your treatment response to illicit use

- Removal from MOUD should be a last resort only

## Define voluntary vs. Involuntary termination

- Consider behavioral shaping strategies
- Progressive accountability response
- Consider removing other incentives

Source: [\(2022\) Uncommon and preventable: Perceptions of diversion](#)

# Department Level Considerations

## Documentation

- Use patient care process to generate data for continuous quality improvement (CQI)

## Staff Training Expectations: Frequency, Scope & Depth

- General addiction training
- Role-specific training

# Facility Level Considerations: Overview

## Operations

- Consider adaptations based on facility context and scope of overall policy
- Each DOC facility is likely to have differences (classification levels, staffing, physical plan, etc.)

## Collaborative Process

- Custody are experts in movement, safety, investigations
- Medical are experts in providing care

## Clear & Consistent Communication

- Headquarters & facilities
- Interdepartmental
- Within the department

# Facility Level Considerations: Overview

## Educate Patients

- Educate patients:
  - What MOUD is and why it should be taken as prescribed.
    - Little buprenorphine is absorbed in the stomach & it's deactivated by acid in stomach.
  - How correctional staff are good at intercepting and preventing diversion.

## Conduct

- Conduct routine surveillance (SOP): phone calls, interactions, urine tests, canteen funds, housing unit inspections.

## Provide

- Provide sufficient staff-to-patient ratio.

## Train

- Train staff on MOUD.

# Facility Level: Operational Dispensing Considerations

Decide where dispensing will occur:

Ensure dispensing occurs in a place with cameras.

Are there classification variables that will require a multi-modal strategy?

On units with a mobile cart (concerns)?

Central dosing window

Cell-side for security threat group (STG) or administrative segregation (concerns)?

What makes sense, based on the facilities context(s):

Integrated/Unified pill line

Separate MOUD-only pill line

Mixed, depending upon population

Other?

# Facility Level: Operational Dispensing Considerations

## Create a highly structured environment.

Clearly defined roles and responsibilities between the patient, medical & custody staff.

Provide daily instruction to patients explaining the dispensing expectations

Ensure that this same instruction was provided in the signed informed consent documents

Is there a ratio of patient to staff?  
For example, 15 patients to 2 security staff?

# Facility Level: Operational Dispensing Considerations



Decide start time for MOUD medication distribution



Decide what division(s) and shift will oversee the medication call groupings



Account for weekday and weekend staffing patterns

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General population(s)

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Administrative Segregation

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Keep separates (e.g., enemy status, co-defendants, gangs)

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Security Quarantine

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Work Release

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Offsite appointments

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High risk dosing group

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Court

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Others

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# Diversion: Perspectives from Staff



Contents lists available at [ScienceDirect](#)

Journal of Substance Abuse Treatment

journal homepage: [www.elsevier.com/locate/jsat](http://www.elsevier.com/locate/jsat)



## Uncommon and preventable: Perceptions of diversion of medication for opioid use disorder in jail

Elizabeth A. Evans<sup>a,\*,1</sup>, Ekaterina Pivovarova<sup>b</sup>, Thomas J. Stopka<sup>c</sup>, Claudia Santelices<sup>d</sup>,  
Warren J. Ferguson<sup>b</sup>, Peter D. Friedmann<sup>e</sup>

Citation: Evans, E., Pivovarova, E., Stopka, T., Santelices, C., Ferguson, W., & Friedmann, P. (2022). Uncommon and preventable: Perceptions of diversion of medication for opioid use disorder in jail. *Journal of Substance Abuse Treatment*, 138. <https://doi.org/10.1016/j.jsat.2022.108746>.

# Question: How do you address diversion with other medications?

Policies and Procedures

Staff Training

Patient Treatment Agreements

Diversion will happen.... but

97% of patients on MOUD are found to be taking buprenorphine based on toxicology (CDCR/ CCHCS 2022).

6 documented events/ 4000 doses administered in Massachusetts jails (<1%).

# Expected Challenges: Responsivity Factors

## Operational Considerations

### Accountability

Consider an “accountability” dosing group for patients who may require extra monitoring

Consider saliva swab vs. point of care urine analysis for patients who have difficulty producing urine while being monitored (e.g., due to sexual trauma history)

Make reasonable accommodations to enhance patient compliance with dispensing procedures

Consider techniques to support patients who have difficulty sitting still during dispensing process

# Diversion: Perspectives from Staff

## Demand

- "...diversion for me...was a huge concern... our only experience with that medication is that it's getting smuggled in...[and] sold...so...for people that have dealt with it [as contraband]...it's hard...to change that mentality."

## Supply

- 'it's actually...a smart idea,' 'cause if you cut down on the illicit you can cut down on the violence, you can cut down on all sorts of negative behavior, and it was...'two birds with one stone.'

## Coercion:

- "We were concerned about...strong-arming if somebody's known to come up and get Suboxone or is on methadone...would they then be strong-armed to...divert when they got back to the unit."

Source: Evans et al., 2023

# Diversion: Perspectives from Patients



ELSEVIER

Contents lists available at [ScienceDirect](#)

## International Journal of Drug Policy

journal homepage: [www.elsevier.com/locate/drugpo](http://www.elsevier.com/locate/drugpo)



### Research Paper

## Diversion of medications to treat opioid use disorder: Qualitative findings from formerly incarcerated adults in Massachusetts

Elizabeth A. Evans<sup>a,1,\*</sup>, Ekaterina Pivovarova<sup>b</sup>, Rithika Senthilkumar<sup>a</sup>, Rebecca E. Rottapel<sup>c</sup>, Thomas J. Stopka<sup>c</sup>, Claudia Santelices<sup>d</sup>, Warren J. Ferguson<sup>b</sup>, Peter D. Friedmann<sup>e</sup>

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Citation: Evans, E., Pivovarova, E., Senthilkumar, R., Rottapel, R., Stopka, T., Santelices, C., Ferguson, W., & Friedmann, P. (2023). Diversion of medications to treat opioid use disorder: Qualitative findings from formerly incarcerated adults in Massachusetts. *International Journal of Drug Policy*, 122. <https://doi.org/10.1016/j.drugpo.2023.104252>.

# Diversion: Perspectives from Patients

## Public Health → Public Safety

"I didn't use any other contraband substances while I was there ... What [MOUD] do is it made me feel okay. I was able to do what I needed to do." [ID 505]

## Perception of surveillance reduces diversion

"They have to sit there at least for five ten minutes. Ten minutes to watch it, make sure it dissolves, you take it the right way." [ID 302]

## Access reduces black market

"Yes, it kind of messed up ... the drug market in the facility ... A lot of people wasn't buying from them because they figured ... 'I could get mine legitimately [and] not get in trouble.'" [ID 301]

## Provide MOUD ASAP

"...the amount of time it took to get on [MOUD could be shortened]. Because, honestly, I was getting it illegally in there too. Just because I was so tired of being sick, I ended up getting some from somebody for myself." [ID 301]

Source: Evans et al., 2023

# Develop facility level interdisciplinary team – meet regularly

Attendees should include:

## **Administrative:**

1. Leadership of Program
2. Administrative Assistant

## **Medical:**

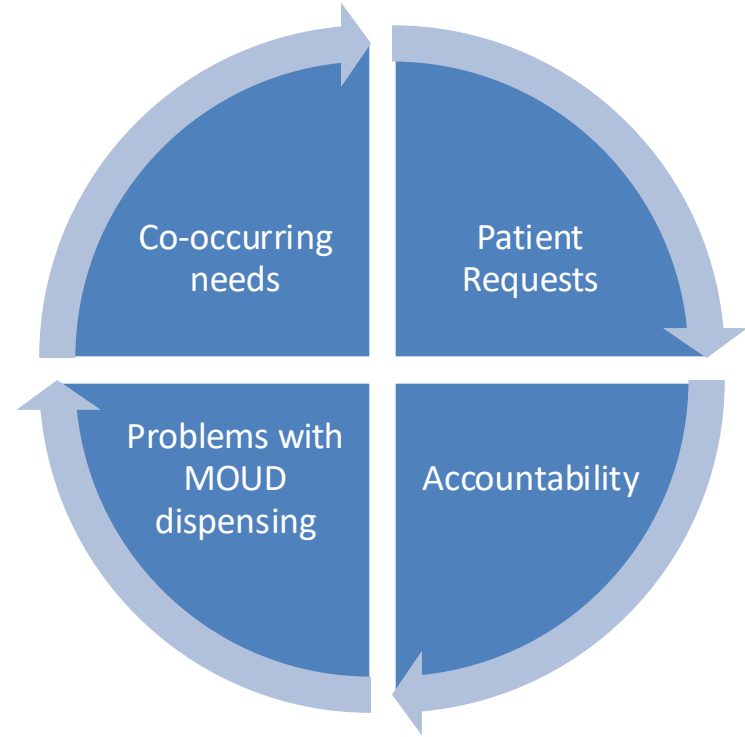
1. MOUD Nurse
2. Prescriber
3. Addiction Specialist

## **Custody:**

1. MOUD Officer

## **Behavioral Health:**

1. Mental Health
2. Addiction Counselors



# Integrated teams support the whole system

**FRANKLIN COUNTY SHERIFF'S OFFICE      MEDICATION FOR OPIOID USE DISORDER (MOUD) REQUEST**

**Client:** Please fill in the following information as clearly as possible.

Your Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_      Unit: \_\_\_\_\_

Date of Request: \_\_\_/\_\_\_/\_\_\_

Please describe the reason for this request:

\_\_\_\_\_

\_\_\_\_\_

I consent to be treated by health services staff for the condition described with the collaboration and input from the Case Work and Behavioral Health Staff.

\_\_\_\_\_

SIGNATURE

This request slip should be used to request a dose adjustment for MOUD (Medication for Opioid Disorder). This form is for individuals who are beyond the initial stabilization period who are not having automatic assessments done to adjust their MOUD dose. Once completed, this slip should be left in the Medical Request Box in your Housing Unit. Once it has been submitted, a member of the Medical Department will complete an assessment on you, the result of which will aid in the Medical Provider's determination regarding your dose.

Please do not submit multiple MOUD (Medication for Opioid Disorder) request slips for the same request.

REPORT SYMPTOMS		(indicate severity AND frequency)	
Severity	Frequency	Severity	Frequency
0 = None	0 = None	0 = None	0 = None
1 = Mild	1 = 1-2 times per week	1 = Mild	1 = 1-2 times per week
2 = Moderate	2 = 3-6 times per week	2 = Moderate	2 = 3-6 times per week
3 = Severe	3 = Daily	3 = Severe	3 = Daily

Check off all symptoms that apply      Severity      Frequency

- Body Pain
- Hot/cold sweats
- Insomnia
- Dreams connected to use
- Restlessness
- Irritability
- Anxiety
- Loose stools, abdominal pain and nausea
- Ideas, thoughts, impulses or images related to use

**CLIENTS: Do not write below this line.**

**FOR STAFF USE ONLY**

Subjective: .....

.....

.....

COWS Score: .....

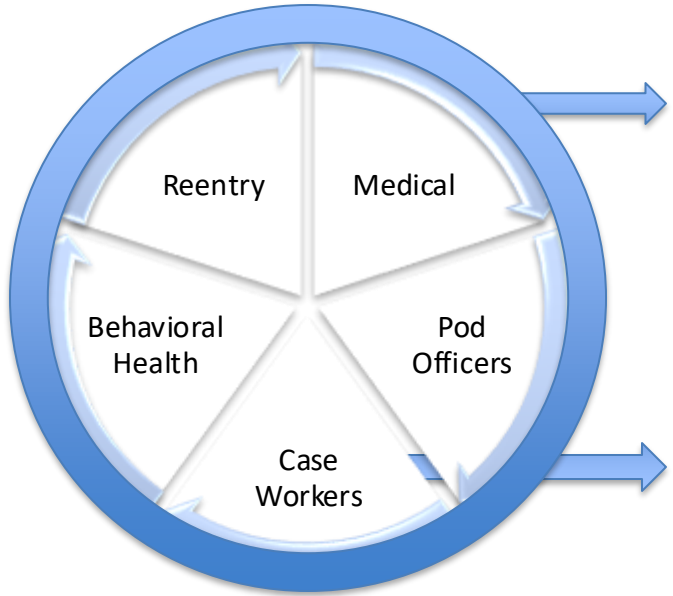
Added to list for interdisciplinary review.

Completed by: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## Patient Request:

"I would like to switch to methadone. After increasing to 16mg I am still experiencing symptoms. Have been on methadone previously, have done extremely well on it and I believe that it will help me more. Can I please switch or speak to Dr. R about switching."

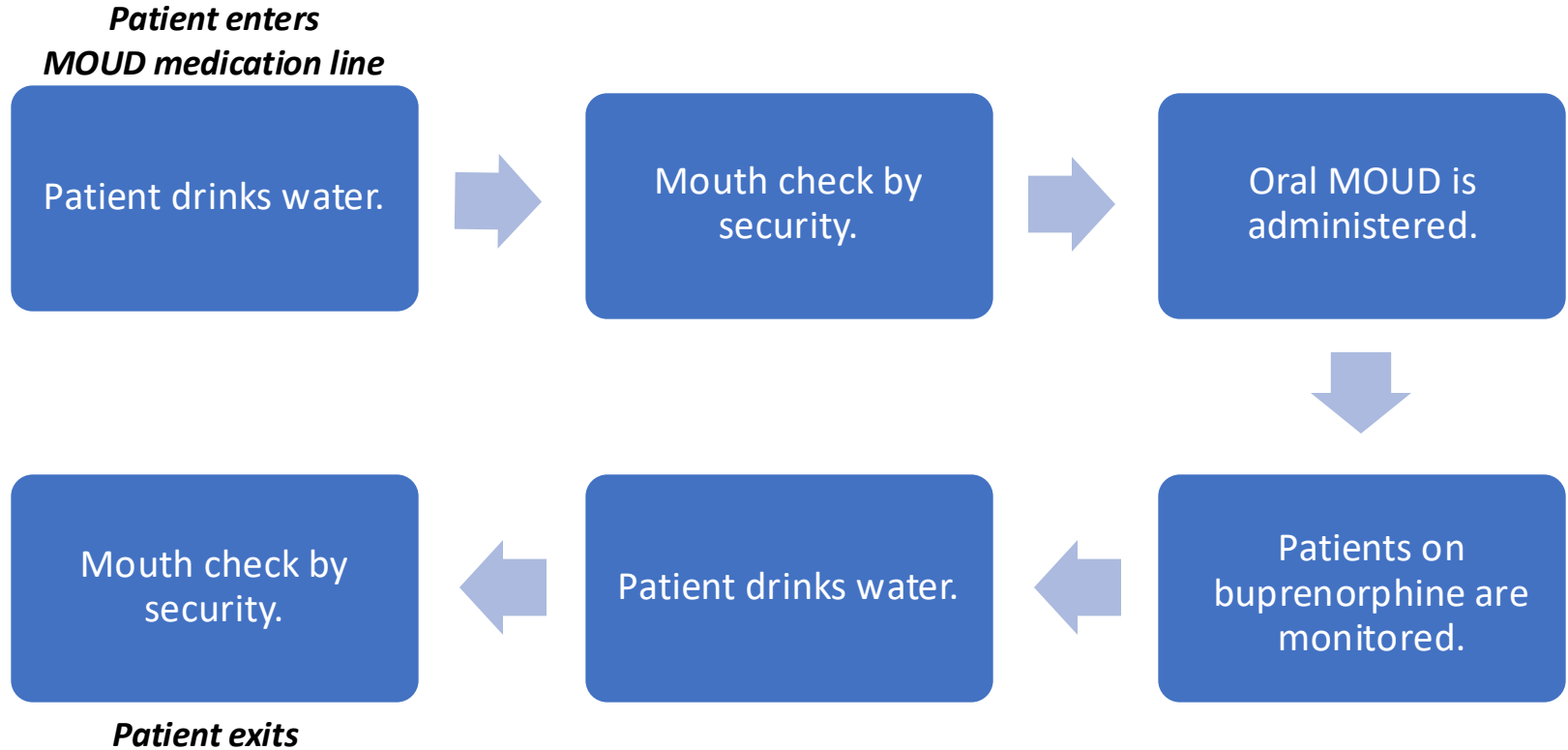


Ultimately, it's the medical providers decision.

Consider observations from staff who see the patient throughout the day.

## **Part 2: Dispensing**

# Example MOUD Dispensing – MOUD only Cohort Style



Source: Evans, et al. (2022). Uncommon and preventable: Perceptions of diversion of medication for opioid use disorder in jail. *Journal of Substance Abuse Treatment*. 138:108746; slide used with permission.

# Dispensing Protocol



Photo Credit: Elise Amendola, Associated Press 2018



# Dispensing Components



Photo credit Elise Amendola, Associated Press 2018



Assign staff to oversee this process.



Ensure dispensing is done under scrutiny of a camera.



Train and involve security staff to observe dispensing.



Educate patients daily to the process.



Perform multiple mouth checks.

## What are your performance metrics?

### Check to see if the directives is being implemented with fidelity

- ✓ Hands Clear (nothing in hands)
- ✓ Sleeves rolled up (or short sleeves)
- ✓ Mask off (if applicable)
- ✓ Dentures removed
- ✓ Hair tied back
- ✓ Pre mouth check
- ✓ Pre-moisten mouth
- ✓ 1st watch take medication
- ✓ 2nd staff observe watch take
- ✓ Cup collected
- ✓ Duration of observation
- ✓ Post mouth check
- ✓ Mouth swish

# Part 3: Diversion Mitigation

# What are we talking about?

## DIVERSION

- The transfer of any legally prescribed substance to a person NOT legally prescribed.
- Any removal of medication from the medication administration process.

## MISUSE

- Taking a medication at a time other than prescribed (e.g., saving it for later).
- Taking a medication by a route other than prescribed (injecting, snorting).
- Taking someone else's medication, even if for a legitimate medical complaint.
- Taking a medication for a reason other than what it is prescribed for (i.e., to get high).

## CONTRABAND

- Medication that originates outside the medication administration process.

# Primary Reasons for Diversion

**Distinguishing between the different reasons for diversion enables staff to tailor their response to different types of diversion.**

Coerced (“strong arming”)

Euphoria

Treatment

Accidental

## **Collect This Data:**

Include an investigation process to know the cause of diversion

CQI to tailor strategies and respond to the root cause(s)

# Accountability starts with a clearly articulated expectations



**Be clear in your consent forms with an agreement to follow program rules and be sure to explain program expectations in a handbook or program description for patients.**



“I understand I may experience accountability for not following the MOUD dispensing directive. I have been informed of my rights, responsibilities and the expectation to follow staff directions. I understand that I must comply with the rules of the program.



I realize that this treatment is a multistep approach to recovery and includes behavioral health, case workers, reentry, and individual and/or group therapy. All Participant's are expected to follow their Individualized Service Plan (ISP) by participating in all assigned programming.



Failure to adhere to the dispensing protocol or the ISP may result in termination from the MOUD program.”

# Diversion Mitigation

## Educate

Why medication should be taken as prescribed

How correctional staff are good at intercepting and preventing diversion

## Security conduct standard surveillance procedures

Phone calls

Interactions

Canteen funds

Housing unit inspections

Toxicology testing

Canines

Staff & visitor screening for contraband

Enhance camera use

## Random & targeted UDS: confirm medication & metabolites

Having a plan for persons who are diverting & discussion of this during informed consent education

Plan may include alternative route of administration, alternative medication

## Decisions to discontinue medication may be based on

Medical need

Informed Patient Request

# **Part 4: Response to Diversion**

# Response to Diversion (Overview)

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Data is limited, but evidence suggests that the more robust the MOUD program, the more diversion incidents go down.

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It is important to ensure an investigation, tracking and resolution/CQI process is in place to both address diversion and to also avoid stigmatizing assumptions (“I know a guy” stories).

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Recommend monitoring and comparing to diversion of other medications (MOUD are not the only medications diverted in facilities) – is this an MOUD problem or an overall problem?

# Response to Diversion (Overview)

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## **Risk of Diversion**

Should not prevent MOUD implementation.

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Have policies/procedures in place to decrease likelihood of diversion but that are not so stringent as to decrease access to medication and thereby increase demand for diversion.

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## **Evidence of Diversion**

Should not result in discontinuation of treatment for OUD.  
Adjusting treatment is first line response strategy.

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Implement good policies/procedures, including diversion prevention plan and incident review.

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# Key Strategies to Respond to Diversion

**Create a written policy to respond to and prevent each type of diversion.**

Involve patients in assessing reasons for diversion.



**Plan for responses to diversion incidents.**

Consider issues of safety, security, health and that treatment decisions are ultimately made by clinical staff.



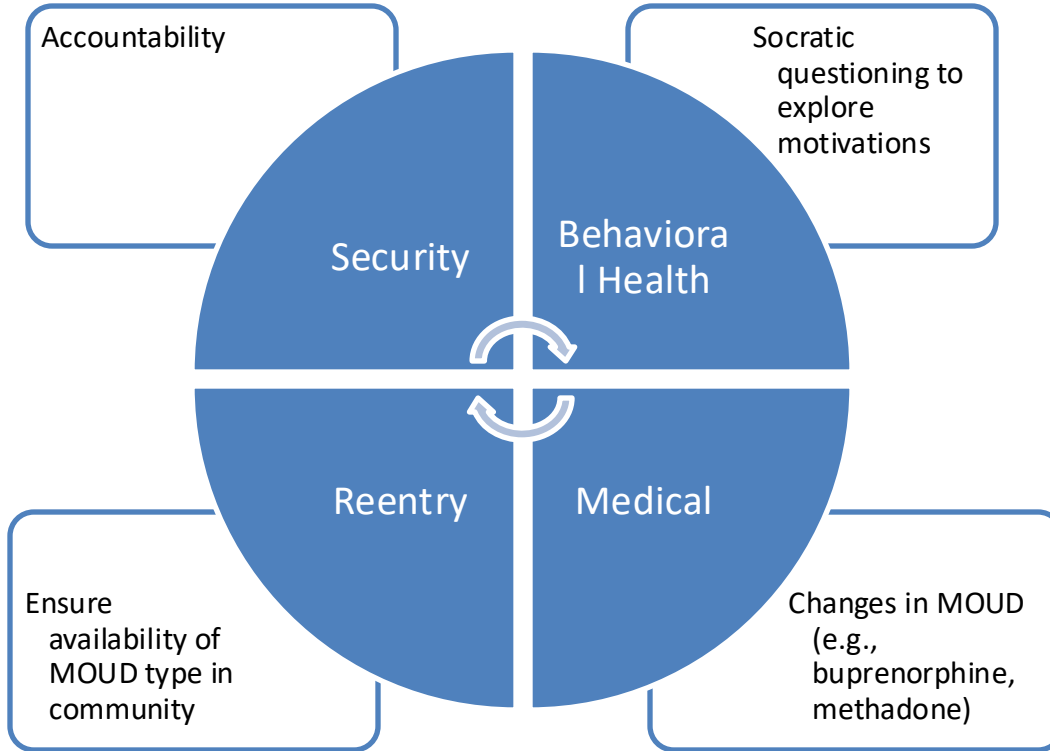
**Protocol for diversion/misuse event AND after-action processes:**

Prescriber should be notified no later than next workday.

Prescriber should evaluate patient.

Baseline data, create dashboards to monitor.

# Know Your Role



Collaboration amongst the Integrated Care Team is the idea, however:

Medical is NOT responsible for consequences and enforcement.

Custody is not responsible for prescribing or clinical practice.

Make sure role clarity exists so best intentions don't confuse responsibilities

# Key Ingredient: Integrated Care Team

**From: MOUD Security Captain**

**Date: Fri, Jul 14, 2023, 8:19 AM**

**To: Clinicians, Case Workers, Medical, Lieutenants, Sergeant**

During MAT Dispensing, patient Z continued to disrupt the medication pass by talking. When told to stop they refused. Patient Z was again told several times to stop with the behavior, however continued to talk. At this time, I removed them from the library, and they were escorted back to the pod and informed they would receive a 24-hour lock-up. As I was explaining that all they need to do is sit quietly during the MAT they stated, "That's what you want me to do but that's not what I'm going to do."

I informed patient Z that if they continued, they would receive an infraction. The patient did not comply and I charged this patient with code violation 1 for disobeying an order.

**Update from MOUD security:** I went to speak with this person while they signed the unit discipline. We spoke about the program and how everyone needs to be quiet during the distribution. Patient Z stated they understood and would not talk during protocol.

# Integrated Team Response: Behavioral Health

**From: MOUD Nurse**

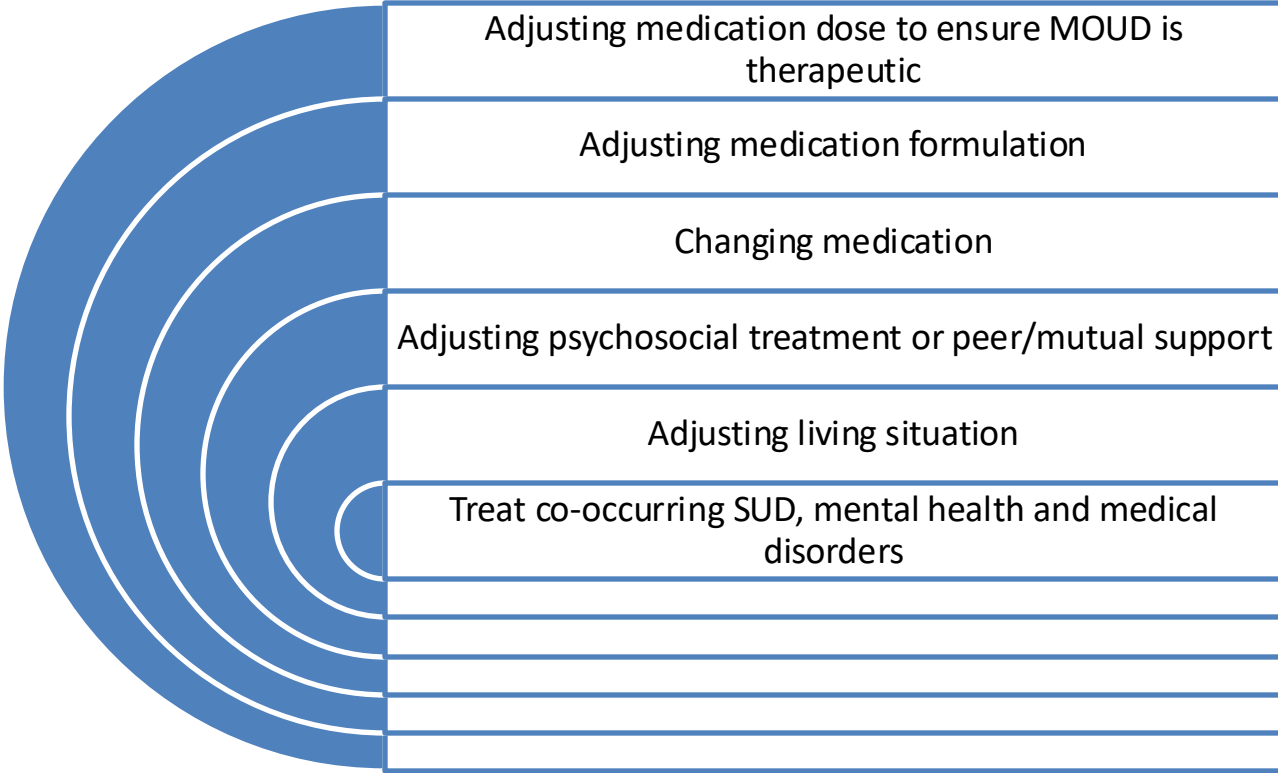
**To: Clinicians, Case Workers, Medical, Lieutenants, Sergeant**

During MAT today, patient T was found to have a chunk of Suboxone® tucked in upper right cheek.

## **Behavioral Health:**

I spoke with patient T this afternoon about the sublingual Suboxone® protocol. They said that they “move it around in their mouth sometimes” and that this is pretty “unconscious.” They said that they will let it dissolve under their tongue next time. They also expressed that they “need every bit” of the Suboxone® and have no interest in diverting it.

# OUD treatment must continue even if improvement is not yet apparent.



Adjusting medication dose to ensure MOUD is therapeutic

Adjusting medication formulation

Changing medication

Adjusting psychosocial treatment or peer/mutual support

Adjusting living situation

Treat co-occurring SUD, mental health and medical disorders

Provider doesn't stop treating diabetes if it is not getting better.

Tapering off MOUD is appropriate if it's "no longer medically indicated"

# Question:

Does your facility have a practice of confirmed diversion resulting in automatic discontinuation of a prescribed medication for a chronic disease (i.e., the “1”, “2” or “3” strikes policy):

- Considerations:
  - Discontinuation should be a medical decision based on an individualized need?
  - Is it consistent with the approach for other medications/conditions?
  - Is it consistent with the community standard of care?

Does your facility/system have the means to hold individuals accountable for behavioral infractions other than withholding prescribed medical treatment?

# Integrated Response to Behavioral Change: Progressive Accountability



## Disciplinary Reports:

- Standard Disciplinary Report for most egregious behaviors



## Unit Disciplines:

- Informal cell restrictions



## Program Warnings:

- A warning related to programming
- Tied to a loss of incentives



# Create a Structure for Incentivized Treatment & Program Warnings

## PHASES (correspond to psychosocial treatment strategy)

1. Orientation: Become familiar with the program

2. Preparation: Learn skills

3. Action: Practice the skills

4. Maintenance: Practicing skills to apply to home life

5. Leadership: Help others on their journey to success.

## Incentives

Composition notebook

Colored pencils

Portable DVD player rotation

Community Cookouts

Extra outdoor recreation

Extended visits

1 hour zoom visits

Parent - Child Events

Access to tablets

Game Night: Bingo, Ping Pong, Corn hole

Full size hygiene products

Unit tournaments

# Questions?