Maine Diversion Alert Program
That’s a lot of pills!

Availability of opioids* for pain management (2010-2012 average)
(Consumption in defined daily doses for statistical purposes (S-DDD)/million inhabitants/day)

What is the Diversion Alert Program?

- Monthly reports
- Online drug arrest database
- Educational resources
Districts Reports

✓ Aroostook
✓ Washington/Hancock
✓ Penobscot/Piscataquis
✓ Kennebec/Somerset
✓ Lincoln, Waldo, Knox, Sagadahoc
✓ Androscoggin, Franklin, Oxford
✓ Cumberland
✓ York
✓ Statewide
### February 2016

Statewide

<table>
<thead>
<tr>
<th>Diversion Alert Report</th>
<th>01/01/2016 - 01/31/2016</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photo</td>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Maine</td>
<td>Desrosiers</td>
<td>Clare</td>
</tr>
</tbody>
</table>

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Major funding for Diversion Alert is provided by the State of Maine with additional support from Eastern Maine Health Services.
Desrosiers, Clare

Penobscot
DOB: 02/08/1990
Sex: F

Records (past 11 months)

<table>
<thead>
<tr>
<th>Town of Residence</th>
<th>Offense</th>
<th>Drug</th>
<th>Date</th>
<th>Type</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penobscot</td>
<td>Possession</td>
<td>Alprazolam (Xanax)</td>
<td>01/12/2016</td>
<td>Arrest</td>
<td>Bangor PD</td>
</tr>
</tbody>
</table>
Responding to patients charged with prescription or illegal drug related crimes.

Tip sheet handouts
Is it legal to distribute arrest information?

Yes.

Under Maine’s *Criminal History Record Information Act*, a criminal justice agency may disclose to the public criminal history record information related to an offense for which a person is currently within the criminal justice system. This includes recent arrests that are actively being prosecuted [16 M.R.S. § 612(3)(A)].
Data accuracy

• Data cannot be guaranteed without error.
• You may also wish to confirm the identity of the individual through:
  – Booking photo included in monthly reports
  – Contacting law enforcement agency that arrested the individual
Participant responsibilities

- Use of data in a manner consistent with professional/ethical standards;
- Treat data as sensitive information;
- Keep data in a safe location;
- Using other resources confirm that a positive identification has been made.
Data should *not* be used as:

- justification for immediate termination of any services to a patient;
- as the sole source for clinical decision-making.
Why use Diversion Alert?

• Helps you make informed decisions about patient care;
• Identifies patients:
  – In need of substance abuse treatment
  – At risk for overdose
  – Who may be drug seeking for the purpose of diversion
• Assist in compliance with rules/guidelines recommended by professional boards.
• New info distinct from PMP data
How can we integrate DA into our workflow?

Register prescribers and support staff

- Pharmacists
- Licensed Maine prescribers (e.g. NPs, MDs, DOs, PAs, dentists, podiatrists)
- Sub-recipients authorized by licensed prescribers or pharmacists (e.g. medical office managers, social service providers)
- Law enforcement personnel
Workflow: Designate roles

Clinical support staff:

- Check DA database:
  - as part of pre-planning chart review for existing patients prescribed controlled substances
  - to screen new patients for abuse/diversion issues
- Review monthly report
Prescribers

- Check DA database:
  - Prior to prescribing controlled substances to a new patient
  - When confronted with non-reassuring behaviors in existing pts prescribed controlled substances

- Review monthly report
Find out as much info as needed to make an informed decision about how to respond to your pt.

- Talk to your patient
- Check PMP for atypical or concerning patterns.
- Talk to prescribers/pharmacists who also treat the pt.
- Contact the arresting agency for more information about the criminal charge.
Workflow: preventive measures

Implement preventive measures

- FDA’s Opiate Risk Evaluation and Mitigation Strategies (REMS);
- Controlled Substance Agreements with random pill counts and urine drug screens;
- Screening, Brief Intervention and Referral to Treatment (SBIRT) for all patients (a billable service through the Affordable Care Act).
Print off the record from the database and include in pt file.

Document that you received the information, investigated the allegations, and had a discussion with your patient.

Document your final plan.

Document when you follow through on your plan.

Document changes to your plan and explain the reason for the changes.
Outcome: Awareness of patients arrested for drug crime

% of respondents answering yes to the item:
In the past six months, I have become aware of patients in my care arrested for prescription drug possession or diversion.

Proportion of Persons Arrested for Trafficking CII-CIV Drugs in 2014 with Matching PMP Rxs within 90 Days of Arrest

Total = 295

- Rx trafficking arrests in DA and PMP: N = 57 (24%)
- Rx trafficking arrests in DA only: N = 178 (76%)

Source: McCall, K et al (2016)
Is it legal to report a patient to a law enforcement agency?

17-A M.R.S.A. Section 1108(6) states the following:

A prescribing health care provider, or a person acting under the direction or supervision of a prescribing health care provider, who knows or has reasonable cause to believe that a person is committing or has committed deception [to obtain scheduled drugs] may report that fact to a law enforcement officer. A person participating in good faith in reporting under this subsection, or in participating in a related proceeding, is immune from criminal or civil liability for the act of reporting or participating in the proceeding.
Do not wait for a conviction to respond to a charge

Given the professional and life-threatening risks associated with continuing a controlled substance prescription to someone who is addicted or diverting, it is safer to consider the person "guilty until proven innocent."

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