

# Drug Diversion of Controlled Substances

## 1. Introduction

Vancouver Coastal Health (VCH) and Providence Health Care (PHC) are committed to protecting [Patients, Clients, and Residents](#), [Staff](#), physicians, volunteers, students and the public from the potential adverse effects of the inappropriate use of [Controlled Substances](#). VCH and PHC, and its employees, have a shared accountability to ensure the workplace remains free from adverse health effects and patient harms related to [Drug Diversion](#).

Drug Diversion presents risk to Patients, Clients, Residents, Staff, and the health authorities, and is contrary to both the health authorities' policies and the Criminal Code of Canada. The goal of this Policy is to address these risks.

VCH and PHC are committed to organizational policies that reflect and respect the experiences of diverse peoples, that decrease inequities (based on race, sex, gender, ethnicity, religion, age, disability, geography, culture, income, education, sexual orientation) and that disrupt systemic discrimination and racism.

VCH and PHC respect the values, [culture](#) and self-determination of Indigenous Peoples and is committed to [Indigenous Cultural Safety](#). VCH and PHC have signed the [Declaration of Commitment on Cultural Safety and Humility in Health Services](#), and are mandated to implement the actions iterated in the [Declaration on the Rights of Indigenous Peoples Act](#) (British Columbia) and the [Calls to Action of the Truth and Reconciliation Commission of Canada](#) (TRC). These documents seek to affirm self-determination and meaningful decision-making. Within a health care context, this means exercising the inherent right to quality health care while challenging the [systemic racism](#) that is embedded within health care systems. VCH and PHC recognize that all structures within health care systems participate in ongoing systemic racism. VCH and PHC are committed to the application of equity and cultural safety to all policies and processes in order to address and decrease health inequities for Indigenous Peoples. [Wise Practices](#), the inclusion of diverse Indigenous knowledge and health practices that contribute to sustainable and equitable conditions, are given equal space and weight with [Best Practices](#), a Western evidence-based approach to care reflecting current medical and therapeutic perspectives on standards or points of view.

### 1.1. Purpose

The purpose of this Policy is to provide direction for conducting the following actions related to signs, or confirmed cases, of Drug Diversion of Controlled Substances, including:

- Reporting;
- Investigation; and
- Prevention and mitigation of future incidents of Drug Diversions.

### 1.2. Scope

This Policy applies to Staff across VCH and PHC programs and services. Should there be a conflict between this VCH/ PHC-wide Policy and a program-specific or service-specific policy, this VCH/ PHC-wide Policy will prevail.

For more information regarding clinical workflows and Staff roles and responsibilities relating to drug diversion reporting and response, please refer to the Drug Diversion of Controlled Substances Protocol (herein 'the Protocol').

### 1.3. Exceptions

This Policy does not address diversion of non-narcotic medications or other substances, please refer to the [VCH Fraud and Theft Policy](#), and [the PHC Theft, Fraud, and Corruption Awareness Policy](#).

This Policy does not apply to Patients, Clients, or Residents of VCH and PHC. Please refer to Program- or site-specific policies or procedures regarding inappropriate handling of Controlled Substances by Patients, Clients, or Residents.

This Policy does not address prevention of substance use. Please refer to the [PHC Staff Mental Health and Mental Wellness Policy](#).

## 2. Policy

Staff must only remove controlled prescribed substances from inventory for the purpose of administering to Patients, Clients, or Residents.

### 2.1. Reporting

- Staff are legally and ethically obligated to report signs of Drug Diversion (see Appendix B of the Protocol) to a manager or designate or to the [VCH Whistleblower Hotline](#) or to the [PHC Safe Reporting Line](#)
- The [Health Canada Loss or Theft Form for Controlled Substances and Precursors](#) must be completed within 10 days of VCH and/ or PHC becoming aware of a loss or theft.
- If an incident of Drug Diversion involving a regulated health professional is detected, a notification will be made in writing to the relevant regulatory body as per the *Health Professions Act* s32.2 and the *Social Workers Act* s39.

### 2.2. Investigation

- An investigation is completed every time VCH and/ or PHC become aware of signs of Drug Diversion, and will occur even if no Staff are identified at the start of an investigation.
- An Investigative Team will be assembled with the relevant subject matter experts to reflect the specific context of the Drug Diversion report.
- VCH and PHC will support Staff who disclose a substance use disorder issue related to Controlled Substances. Please refer to the [PHC Staff Mental Health and Mental Wellness Policy](#).

- VCH and PHC will provide medical supports or referrals to relevant rehabilitation services as deemed appropriate based on the findings and specific context of the investigation.
- VCH and PHC will maintain the confidentiality of the identities of those involved in the disclosure and investigation process, to the fullest extent possible. Investigations will conform to the [VCH Information Privacy and Confidentiality Policy](#), and [the PHC Information Privacy and Confidentiality Policy](#).

### 2.3. Prevention

- Each investigation will include the development of actions to prevent or mitigate future instances of Drug Diversion.
- Staff working in areas where Controlled Substances are stored will be educated and oriented to recognize signs of Drug Diversion.

## 3. Responsibilities

### 3.1 All Staff

All Staff will:

- Report observed signs of Drug Diversion per the Protocol;
- Cooperate with investigations in accordance with collective agreements, management and management support policies, corporate policies, and medical staff rules; and
- Support other Staff to locate and understand this Policy and/or advise leadership of the need for education and support regarding the Policy.

### 3.2 Unit managers, directors, and Department Heads, or designates

Unit managers, directors, and Department Heads, or their designates, will:

- Identify, assess and manage immediate safety concerns and risks of harm to Patients, Clients, Residents, or Staff; and manage risks related to unsafe environment or impairment;
- Secure any evidence and Controlled Substances in their unit/area per the Protocol;
- Notify the site pharmacy coordinator that signs of Drug Diversion have been detected;
- Complete the Health Canada Loss or Theft Form for Controlled Substances and Precursors Form and submit to Health Canada if the site's Pharmacy services are not provided by Lower Mainland Pharmacy Services;
- Prepare and submit a report to the relevant regulatory/licensing body (per the *Health Professions Act s32.2* and *Social Workers Act s39*), in collaboration with other Investigative Team members as relevant;
- Participate as part of the Investigative Team; and,
- Educate and orient Staff working in areas where Controlled Substances are stored to recognize signs of Drug Diversion.

### 3.3 Human Resources Advisor

The Human Resources Advisor will:

- Support overall Staff safety;
- Ensure the Pharmacy Compliance Lead (or designate) has been notified when made aware that signs of Drug Diversion have been identified;
- Participate as part of the Investigative Team; and,
- Collaborate with the unit manager/ director and other relevant teams (e.g. Investigative Team, Workplace Health) to make decisions regarding the employment status of identified Staff.

### 3.4 Pharmacy Compliance Lead

The Pharmacy Compliance Lead will:

- Coordinate each investigation, ensuring stakeholders have the information and context they require to complete components they lead; and
- Support the implementation of actions, processes, and/or workflow modifications to mitigate future instances of Drug Diversion.

### 3.5 Site Pharmacy Coordinator

The Site Pharmacy Coordinator will:

- Ensure the Pharmacy Compliance Lead (or designate) has been notified when made aware that signs of Drug Diversion have been identified;
- Complete and submit the Health Canada Loss or Theft Form for Controlled Substances and Precursors; and
- Participate as part of the Investigative Team.

### 3.6 Professional Practice Director

For investigations where a regulated professional within the scope of Professional Practice is involved, the Professional Practice Director, or designate, will:

- Ensure the Pharmacy Compliance Lead (or designate) has been notified when made aware that signs of Drug Diversion have been identified;
- Participate as part of the Investigative Team; and
- Collaborate with the unit manager to prepare and submit a report to the regulatory/licensing body (per the *Health Professions Act s32.2* and *Social Workers Act s39*).

### 3.7 Senior Medical Director

For investigations where a physician is involved, the Senior Medical Director or designate will:

- Collaborate with the relevant Department Head to prepare and submit a report to the regulatory/licensing body (as per the *Health Professions Act s32.2*); and
- Lead processes to address employment status and conditions.

### 3.8 Risk Management Director

The Risk Management Director or designate will:

- Participate as part of the Investigative Team; and
- Support disclosure to the patient(s) when applicable.

### 3.9 Integrated Protection Services Coordinator

The Integrated Protection Services Coordinator or designate will:

- Support physical safety of Staff and others impacted by Drug Diversion;
- Participate as part of the Investigative Team; and
- Support evidence containment activities.

## 4. Compliance

All Staff members are responsible for adhering to this Policy and monitoring their activities in accordance with the Policy. Staff members may remind others to comply with this Policy. Failure by Staff to comply with this Policy may result in disciplinary action up to and including termination of employment, services or privileges.

## 5. Supporting Documents

### 5.1 Related Policies

- [Controlled Substances – Procurement and Inventory Control – LMPS - Policy](#)
- [PHC Information Privacy and Confidentiality Policy](#)
- [PHC Staff Mental Health and Mental Wellness Policy](#)
- [PHC Theft, Fraud, and Corruption Awareness Policy](#)
- [PHC Waste: Pharmaceutical Waste Disposal in Acute Care](#)
- [VCH Fraud and Theft Policy](#)
- [VCH Whistleblower Policy](#)
- [VCH Disposal: Acute Care – Pharmaceutical Wastage](#)

### 5.2 Guidelines/Procedures/Forms

- [Automated Dispensing Cabinets: Omnicell \(PHC\)](#)
- [Automated Dispensing Cabinets: Omnicell \(VA\)](#)
- [Automated Dispensing Cabinets: Omnicell \(Coastal\)](#)
- [Community Medication Standard \(VCH\)](#)
- [Drug Diversion of Controlled Substances Protocol \(VCH-PHC\)](#)
- [Omnicell Dispensing Cabinets \(RH\)](#)

## 6. Definitions

**“Best Practices”** means a practice that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption.

**“Controlled Substance”** means a substance included in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act*.

This material has been prepared solely for use at Providence Health Care (PHC), and Vancouver Coastal Health (VCH). PHC and VCH accept no responsibility for use of this material by any person or organization not associated with PHC and VCH. A printed copy of this document may not reflect the current electronic version.

**“Culture”** is a social system of meaning and custom that is developed by a group of people to assure its adaptation and survival. Cultural groups are distinguished by a set of unspoken rules that shape values, beliefs, habits, patterns of thinking, behaviours and styles of communication.

**“Drug Diversion”** means intentionally and without proper authorization, using or taking possession of a drug, drug substitution, and other drug theft from organization supplies, patients, residents, clients, or through the use of prescription, ordering or dispensing systems. Examples of drug diversion include but are not limited to the following:

- Narcotics, controlled drugs or targeted substance theft;
- Theft of patient’s own controlled substances medications
- Forging or inappropriately modifying a prescription;
- Using or taking possession of drug waste (i.e., left over or unused narcotics, contents of “sharps” containers, controlled drugs or targeted substances);
- Substitution/dilution of a drug or administering different amounts of drug than what was ordered and documenting amount administered falsely.

**“Indigenous Cultural Safety”** is the process of making spaces, services and organizations safer and more equitable for Indigenous people by considering colonial history and seeking to eliminate structural Racism and Discrimination. Cultural safety is also an ‘outcome’ based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system; it is when Indigenous people feel safe when receiving Health Care.

**“Patient, Client, and Resident”** means a patient, client, resident or person in receipt of healthcare services within VCH and/or PHC.

**“Staff”** means all unionized and non-contract employees (including management and leadership), medical staff members (including physicians, midwives and dentists), nurse practitioners, residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH and/ or PHC.

**“Systemic Racism”** refers to the arrangements and practices that maintain racial hierarchies and racial inequality. It comprises policies, behaviours and practices that are part of the social, cultural or administrative elements of an organization or system and which produce or maintain positions of disadvantage for individuals who are Indigenous, Black and People of Colour (IBPOC).

**“Targeted Substance”** means a controlled substance included in Schedule 1 of the *Controlled Drugs and Substances Act*, Benzodiazepines and Other Targeted Substances Regulations (SOR/2000-217) or a product or compound that contains the controlled substance.

**“Wise Practices”** are effective and culturally appropriate actions, tools, principles or decisions that contribute significantly to the development of sustainable and equitable conditions and practices and, in doing so, produce optimal results for Indigenous Peoples.

## 7. References

- British Columbia College of Nurses & Midwives. (n.d). Duty to report: narcotic diversion and substance abuse impairing practice. Retrieved from [https://www.bccnm.ca/RN/learning/dutyto report/drug\\_diversion/Pages/reporting\\_responsibilities.aspx](https://www.bccnm.ca/RN/learning/dutyto report/drug_diversion/Pages/reporting_responsibilities.aspx)
- British Columbia College of Nurses & Midwives. (n.d). Reporting suspected impaired practice or narcotic diversion in the workplace. Retrieved from [https://www.bccnm.ca/RN/learning/dutyto report/drug\\_diversion/Pages/Default.aspx](https://www.bccnm.ca/RN/learning/dutyto report/drug_diversion/Pages/Default.aspx)
- Burn, J. (2007). Addiction. A Nurses Story. American Journal of Nursing. Retrieved from [https://journals.lww.com/ajnonline/Fulltext/2007/08000/Addiction\\_A\\_Nurses\\_Story.35.aspx](https://journals.lww.com/ajnonline/Fulltext/2007/08000/Addiction_A_Nurses_Story.35.aspx)
- Carlson, S., & Corsara, A. (2012). A Systemized Approach to Combat Drug Diversion. Retrieved from [http://www.pppmag.com/article/1041/January\\_2012/A\\_Systematized\\_Approach\\_to\\_Combat\\_Drug\\_Diversion/](http://www.pppmag.com/article/1041/January_2012/A_Systematized_Approach_to_Combat_Drug_Diversion/)
- Eastern Health (2015). Drug Diversion Reporting and Response. St. John's, Newfoundland.
- Fraser Health (2020). Drug Diversion - Reporting and Response – Clinical Policy. Surrey, British Columbia

### 7.1 Legislation

- Benzodiazepines and Other Targeted Substances*, B.C. Reg. 217/2000.
- Controlled Drugs and Substances Act*, RSC 1996, c. 19.
- Criminal Code*, RSC 1985, c. C-46.
- Food and Drug Act*, RSC, 1985, c. F-27.
- Food and Drug Regulations*, C.R.C. Reg. c.870.
- Health Professions Act*, RSBC 1996, c. 183.
- Narcotic Control Regulations*, C.R.C. Reg. c. 1041.
- Social Workers Act*, RSBC 2008, c. 31.

<b>First Released Date:</b>	02-MAR-2022	
<b>Posted Date:</b>	02-MAR-2022	
<b>Last Revised:</b>	02-MAR-2022	
<b>Last Reviewed:</b>	02-MAR-2022	
<b>Approved By:</b>	<b>PHC</b>	<b>VCH</b>
	Professional Practice Standards Committee Senior Leadership Team	VP Professional Practice & Chief Clinical Information Officer
<b>Owners:</b>	PHC	VCH
	Drug Diversion Working Group	Drug Diversion Working Group