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Title: Concept Analysis on Substance Misuse

Instructions: this is a concept analysis on my last paper, phenomenon of interest on drug diversion. it is a discussion post and has to be apa,

Running head: PRESCRIPTION DRUG DIVERSION

Prescription Drug Diversion

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PRESCRIPTION DRUG DIVERSION 2 Prescription Drug Diversion

This paper will discuss the Phenomenon of Interest (POI) of prescription drug diversion. It will explore the significance of this problem for the health system, primarily in relation to qualitative research. However, this paper will also consider the relevance of quantitative research to this topic. It will conclude by discussing the four patterns of knowing.

Transferring prescription drugs from a patient or friend for personal use is called drug diversion. Drug diversion is a significant problem in the United States. The uses of these medications can be deadly, and this has had a direct impact on the healthcare system. The past twenty years has seen an upward rise in the use and sale of prescribed drugs, as well as addiction to them. Although the use of prescription drugs by someone other than who it was prescribed is not a new phenomenon, drug diversion, abuse, and deaths caused by overdose have dramatically increased (Inciardi, J. A., Surratt, H. L., Cicero, T. J., Kurtz, S. P., Martin, S. S., & Parrino, M. W. 2009). All facilities are vulnerable to diverters, and incidents of diversion. Diversion is a multi-victim crime that poses a significant risk to patient safety and the health care industry. Drug diversion has an estimated cost of 72 Billion dollars per year. Included in that cost is productivity loss, rehabilitation treatment, incarceration, mortality, loss of work, court costs, investigations, and victim costs (Inciardi, J. A., Surratt, H. L., Cicero, T. J., Kurtz, S. P., Martin, S. S., & Parrino, M.

W. 2009) These costs are then passed on to society. Drug diversion therefore places a major burden on society.

Healthcare workers are not immune to drug diversion and addiction. According to Vrecko (2015), healthcare workers account for up to 15 percent of those addicted to alcohol and drugs.

Healthcare workers are in stressful jobs, have problems of their own, and then have

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access to a variety of drugs. This combination can be detrimental to everyone involved, including the patient, their families, and the healthcare facility. For this reason, diversion should not be treated as just a criminal concern, but rather as a safety concern for all involved. Healthcare workers know loop holes within the system which allow them to get away with drug diversion. By the time they are caught, too much harm has already been done, possibly to the patient, as well as the healthcare worker. Drug diversion in health care is detrimental to the addict, coworkers, employers, and their patients. Patients may either not be getting the prescribed drug for their pain, or any drug at all, leaving them to suffer in pain. In a few documented cases, the healthcare worker injected drugs in herself that were not prescribed to her, and then injected the remaining into the patient with the same syringe, exposing them to blood borne pathogens. (Warner, A. E., Schaefer, M. K., Patel, P. R. 2015) If the health care worker is injecting or taking drugs while on duty, his or her judgment will be impaired. In this scenario, higher rates of error can occur, and all of the impaired health care worker's patients could receive substandard care, not just the patients whose drugs were diverted. (Clark, 2014). In order to protect patients and faculty from harm, all facilities should treat diversion with the same diligence as other patient safety initiatives.

All health care workers need to educate themselves about the signs and symptoms of drug diversion, and substance abuse. Education on the facility's policy and procedures for diversion is important. Compassion for all involved is also necessary. While it may be difficult, healthcare workers have an obligation to the nursing profession, their patients, and the facility they work for to remain ethical and uphold the standards of care. (Clark, 2014). An effective health care system should have a controlled substance prevention program in place. Tools to use

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in prevention of drug diversion include reviews and audits of controlled substances. These ensure there are no gaps in medications that are dispensed, and that they are given to the correct patients. This means maintaining records of the people that pulled the medications, and those who witnessed the waste, if any, of the controlled substances. Staff should be educated on the risk to patients and the hospital. Staff can also be trained in handling a suspected coworker of drug diversion. Cameras should be placed in all drug dispensing areas. Staff practices can be reviewed to help avoid drug diversion before it happens. The problem of diversion is growing every year and the costs are impacting our society.

Philosophic Viewpoint

According to Burn and Rich (2015), most of us have a combination of quantitative and qualitative viewpoints. This paper primary adopts a qualitative approach. It is important to understand what the patient is going through before trying to treat the patient. The richest source of information about a patient and/or their family begins with sitting down with them and talking to them, listening and learning from them. This type of nursing care gives opportunities to understand their perspective and thoughts on the plan of care. (Beck SL, Towsley GL, Berry PH, Brant JM, Smith EM, 2010) For drug diversion issues, if a patient has been given something

other than the drug that was prescribed to them, it is the nurse's job to believe him/her when they state they're still in pain, which would then lead to an investigation as to why the intended pain medication did not work. This philosophy is a patient-centered approach that nurses should use in all aspects of healthcare. (Burns & Rich, 2015). Having a qualitative viewpoint can be beneficial when it comes to preventing drug diversion. Fellow coworkers are more likely to open up about their usage and addiction issues if they are approached with compassion and empathy.

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Coming to them with a nonjudgmental attitude can change the dynamics of the conversation. When the healthcare provider could possibly lose their license to practice nursing, it is important not only to do what is right ethically, but to also make sure that the healthcare provider gets the help they need as well.

Alternative Philosophic Viewpoint

The alternative philosophical viewpoint to the one held by this paper is the quantitative approach. This viewpoint is valuable regarding drug diversion because it is very concrete in nature. If drugs have been diverted and not accounted for, the data from the medication dispensing system can be used to prove diversion. According to The Joint Commission (2015), all wasting records constitute data that can be used to prove diversion. These records can show patterns of diversion and misuse. If someone is suspected of using prescription drugs, a drug test can also be used as evidence. When it comes to patient care, if a patient did not get the pain medication that was prescribed to them, it could show up in their vital signs, increased blood pressure, heart rate, breathing, and anxiety. This view is related to analytical philosophy, which focuses on things that people can place their hands on, touch, and measure. (Burns & Rich, 2015). This information is as important as qualitative data when it comes to giving holistic care

to patients. Using a combination of these two viewpoints is the best practice to prevent drug diversion.

Ways of Knowing in Nursing

Carper (1978) suggests four fundamental patterns of knowledge: empirical, ethical, aesthetic, and personal knowing. Empirical knowledge is gained through describing, predicting,

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explaining, testing, and reading a patient's chart to create a plan of care. This knowledge includes concrete or quantitative data. It is important for drug diversion due to numerical data used to chart drug usage and waste. Ethical knowledge relates to moral issues and questions what should be done in a given situation. Decisions made are based on one's knowledge of moral principles, rights, duties, and obligations. (Caper, 1978). Honoring privacy is an example of ethical knowledge in the context of drug diversion. Letting the patient know that their conversations will be kept anonymous is also part of this, as is informing them about what has to be reported according to law. Aesthetic knowledge is the use of art in nursing. This knowing requires the interpretation of the patient's behavior as a whole, rather than in separate parts. Aesthetic knowledge in nursing includes providing empathy, compassion, and sensitivity toward patients and coworkers who may have been accused of drug diversion. Comforting them, touching their shoulder, and speaking to them in a calm voice would all be examples of this. The fourth knowledge in nursing according to Caper (1978) is Personal Knowing. Personal Knowing involves self-awareness. Personal knowing is knowing how to have a relationship with someone else, being fully aware. (Beck et al., 2014) This is the most difficult to evaluate because it is subjective. However, it is through this self-awareness that the nurse can communicate and

understand what the patient is dealing with. It allows nurses to be fully involved and understand the perspectives of others. This knowledge is gained through personal experiences. Conclusion Diversion is a problem that is growing within our healthcare system. It is one of the largest growing epidemics in our country. Being able to recognize and detect drug diversion requires skill and careful investigation in order to prove diversion has taken place. When

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diversion is suspected, qualitative and quantitative philosophies are important in making sure the patient and the community are safe. The patterns of knowing identified by Carper in 1978 are fundamental lenses used to identify and understand this POI.

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