

Diversion Prevention Guide

Keeping Controlled Substances Under Control



REALITY CHECK: Controlled substance diversion happens in veterinary practices more often than we'd like to admit. Staff, veterinarians, and even practice owners have been implicated. This guide helps you create systems to prevent, detect, and respond to diversion.

UNDERSTANDING DIVERSION

Diversion is the illegal transfer of controlled substances from legitimate medical use to illicit channels:

- **Employee theft** — taking drugs for personal use or sale
- **False documentation** — recording administration that never occurred
- **Quantity manipulation** — drawing more than needed, keeping excess
- **Waste fraud** — claiming waste without actual disposal
- **Prescription fraud** — writing Rx for non-existent patients

PREVENTION CHECKLIST

Prevention Measure	OK?
Video surveillance covering CS storage	
Dual-person protocol for Schedule II	
Daily inventory reconciliation	
Weekly log review by manager	
Random spot-check audits	
Annual staff training on diversion	
Anonymous reporting mechanism	
Pre-employment background checks	
Written controlled substance policies	
Access limited to essential personnel	

RED FLAGS: WARNING SIGNS OF POTENTIAL DIVERSION

BEHAVIORAL

Volunteering for CS tasks repeatedly, especially Schedule II

Work pattern changes: early arrivals, late stays, weekend shifts when unsupervised

Frequent breaks after accessing controlled substances

Mood/energy swings: extreme variations across or between shifts

Physical signs: pupil changes, slurred speech, impaired coordination

Defensive behavior when questioned about CS procedures

Social withdrawal from colleagues and activities

Financial stress or unexplained financial improvement

DOCUMENTATION

Sloppy records: incomplete logs, missing entries, illegible documentation

Excessive waste: one person consistently documenting more waste than peers

High-dose patterns: doses consistently at or above high end of range

After-hours entries: log entries for procedures done hours earlier

Reluctance to witness or discouraging witness protocols

INVENTORY

Unexplained shortages: counts consistently lower than expected

Pattern of "errors": same person in multiple discrepancies

Vial replacement: empty vials placed back in storage

Seal tampering: broken/re-sealed vials, multiple punctures

PREVENTION STRATEGIES

1. PHYSICAL SECURITY

- **Double-lock:** CS in locked cabinet, inside locked room
- **Limited keys:** Minimize access; maintain key control log
- **Video surveillance** covering CS storage with adequate retention
- **Access log:** Every access recorded (date, time, person, reason)

2. DUAL-PERSON PROTOCOLS

- Witness required for all Schedule II administration
- All waste witnessed and co-signed
- Inventory counts by two people independently
- Two-person verification on CS deliveries

4. REGULAR AUDITING

- Random unannounced physical counts
- Manager reviews logs weekly for patterns
- Compare usage between staff (identify outliers)
- Annual mock DEA audit

5. STAFF SELECTION & TRAINING

- Background checks for all CS-access positions
- Reference verification with previous employers
- Initial + annual training on CS policies and diversion signs
- Foster culture of accountability, not distrust

3. DOCUMENTATION

- Real-time logging (not retrospective)
- Full names, date, time, patient, quantity
- Running balance after each entry
- Daily physical count vs. log comparison

CULTURE OF ACCOUNTABILITY

1. **Transparency:** Openly discuss diversion risks with team
2. **No shame:** Security protects everyone, not about distrust
3. **Clear policies:** Written and accessible to all staff
4. **Anonymous reporting:** No retaliation for raising concerns
5. **Consistent enforcement:** Applies to all, including owners/DVMs

INVESTIGATION PROTOCOL: WHEN YOU SUSPECT DIVERSION

IMPORTANT: Diversion investigations must balance practice protection with fair employee treatment. Consult legal counsel before taking action that could lead to termination.

STEP 1: DOCUMENT CONCERNS

- Write down specific observations (dates, times, behaviors, discrepancies)
- Collect relevant documentation (logs, records, surveillance)
- Avoid jumping to conclusions — gather objective facts first

STEP 2: INCREASE MONITORING

- More frequent inventory audits (without announcing)
- Review surveillance footage for suspicious patterns
- Implement dual-person protocols if not in place
- Consider reassigning suspected individual temporarily

STEP 3: CONSULT EXPERTS

- Employment attorney for investigation guidance
- DEA and/or local law enforcement if evidence is substantial
- Addiction medicine specialist for intervention guidance

STEP 4: CONFRONTATION (IF WARRANTED)

- Plan carefully; have witness present
- Present facts objectively, without accusatory tone
- Allow person to explain discrepancies
- Document conversation thoroughly

STEP 5: REPORTING & FOLLOW-UP

MANDATORY REPORTING if diversion confirmed:

- DEA Form 106 within 1 business day
- State board of veterinary medicine (if credentialed)
- Local law enforcement police report
- Document all actions and maintain records

SUPPORTING STAFF WITH SUBSTANCE USE DISORDERS

Compassion + Accountability: Substance use disorder is a medical condition, but diversion is a crime. Practices can be compassionate while maintaining accountability.

- **Intervention:** Encourage treatment (must still report to authorities)
- **Treatment leave:** Allow after resolving legal/regulatory issues
- **Return-to-work:** Random testing, monitoring, restricted duties
- **Resources:** State veterinary health programs, addiction specialists

Supporting recovery does not eliminate legal/regulatory reporting obligations.

RESOURCES

- **DEA Diversion Control:** 1-800-882-9539 | deadiversion.usdoj.gov
- **DEA Form 106:** Report of Theft or Loss of Controlled Substances
- **State Veterinary Medical Association:** State-specific resources
- **AVMA PLIT:** Professional Liability Insurance Trust

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