



COLORADO
Department of Human Services
Reggie Bicha, Executive Director, CDHS

The Honorable Dickey Lee Hullinghorst
Speaker of the Colorado House of Representatives
State Capitol, 200 E. Colfax
Denver, CO 80203

January 1, 2017

Re: Controlled Substance Diversion and Control Program Report

Dear Representative Hullinghorst:

Enclosed, please find a legislative report to the Governor, the President of the Senate and the Speaker of the House of Representatives from the Department of Human Services concerning the controlled substance diversion prevention and control program.

- *Section 18-18-308 C.R.S. (2016) requires the Department to submit an annual report on controlled substance diversion prevention and control program outcomes with respect to its effects on distribution and abuse of controlled substances, including recommendations for improving control and prevention of the diversion of controlled substances in this state.*

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Riley Kitts, riley.kitts@state.co.us, or 303-866-3019.

Sincerely,

Reggie Bicha
Executive Director

Enclosure

Cc: Molly Otto, Colorado Joint Legislative Library
Debbi MacLeod, Colorado State Publications Library
Nikki Hatch, Deputy Executive Director of Operations
Alicia Caldwell, Deputy Executive Director of Legislative Affairs/Communication
Nancy VanDeMark, Ph.D., Director Office of Behavioral Health





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Department of Human Services
Reggie Bicha, Executive Director, CDHS

The Honorable Senator Bill Cadman
President of the Colorado Senate
State Capitol, 200 E. Colfax
Denver, CO 80203

January 1, 2017

Re: Controlled Substance Diversion and Control Program Report

Dear Senator Cadman:

Enclosed, please find a legislative report to the Governor, the President of the Senate and the Speaker of the House of Representatives from the Department of Human Services concerning the controlled substance diversion prevention and control program.

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Department of Human Services
Reggie Bicha, Executive Director, CDHS

The Honorable John W Hickenlooper,
Governor
136 State Capitol
Denver, CO 80203-1792

January 1, 2017

Re: Controlled Substance Diversion Prevention and Control Program Report

Dear Governor Hickenlooper:

Enclosed, please find a legislative report to the Governor, the President of the Senate and the Speaker of the House of Representatives from the Department of Human Services concerning the controlled substance diversion prevention and control program.

- *Section 18-18-308 C.R.S. (2016) requires the Department to submit an annual report on controlled substance diversion prevention and control program outcomes with respect to its effects on distribution and abuse of controlled substances, including recommendations for improving control and prevention of the diversion of controlled substances in this state.*

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COLORADO
Office of Behavioral Health
Department of Human Services

Controlled Substance Diversion Prevention and Control Report C.R.S. § 18-18-309 (2015)

Report to the Governor and to the President of the Senate and the Speaker of the House of Representatives

January 1, 2017

PREPARED FOR
The Governor
The General Assembly
President of the Senate
Speaker of the House of Representatives

PREPARED BY
Denise Vincioni
Manager, Medication Assisted Treatment Programs, Controlled Substance Administrator
Colorado Department of Human Services, Office of Behavioral Health

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Executive Summary

The Colorado Department of Human Services, Office of Behavioral Health (CDHS-OBH), is required to submit an annual report to the governor and to the president of the Senate and the speaker of the House of Representatives on the controlled substance diversion prevention and control program. Diversion means the transfer of any controlled substance from a licit to an illicit channel of distribution or use. The Department also is required to make recommendations for improving control and prevention of the diversion of controlled substances across the state.

- In the year 2015-2016, there was a 131 percent increase in reported diversion incidents. This could be a direct reflection of the training to the staff around critical incidents that took place throughout the year. It could also be a reflection of the 300 percent increase on patient census across the state.
- CDHS-OBH provided specific education to 21 treatment programs on methods to reduce the likelihood of drug diversion or misuse.
- CDHS-OBH continues oversight of diversion during annual site visits.
- CDHS-OBH reviews patient charts during site visits to ensure adherence to protocol.
- CDHS-OBH recommends that enhanced training programs be provided more frequently to ensure that new staff and patients are informed on the rules governing diversion.

Introduction

The CDHS-OBH submits this Controlled Substance Diversion Prevention and Control Report to the Governor and to the President of the Senate and the Speaker of the House of Representatives in compliance with:

§18-18-309 (4) C.R.S. 2015 Diversion Prevention and Control

“The department shall annually report to the governor and to the president of the senate and the speaker of the House of Representatives on the outcome of this program with respect to its effects on distribution and abuse of controlled substances, including recommendations for improving control and prevention of the diversion of controlled substances in this state.” Diversion means the transfer of any controlled substance from a licit to an illicit channel of distribution or use.”

Background

According to the (CDHS-OBH), data from the 2015 Drug/Alcohol Coordinated Data System (DACODS) and data from the Colorado Department of Public Health and Environment, there has been a continued increase of treatment admissions for heroin and prescription opiates since 2007. Since 2012-2015, the central registry data reflects an increase from 2100 to 4000 patients enrolled in the controlled substance program. This increase has resulted in more individuals in the CDHS treatment system using Medication Assisted Treatment (MAT). These MATs are to be accounted for using the Controlled Substance Act through oversight and

regulation. These medications are deemed effective and very safe when used as prescribed. However, when they are not used properly, they can be dangerous to the end user. Additionally, treatment providers are monitored to ensure Federal Drug Enforcement Agency regulations are enforced.

Controlled Substance Diversion Prevention and Control Report

As required by C.R.S §18-18-309 (4), the CDHS-OBH, is reporting on the controlled substance diversion prevention and control program.

CDHS-OBH serves as the state authority for the Controlled Substances Act in Title 27, Article 80, Part 2. For the purposes of this report, “controlled substances” only refers to: methadone, buprenorphine, lorazepam, chlordiazepoxide, alprazolam, and diazepam in licensed addiction programs that compound, administer, or dispense controlled substances to treat substance abuse and addiction. CDHS-OBH regulates controlled substances dispensed by licensed controlled substance addiction treatment programs to address potential misuse and diversion of these medications by the staff and patients these programs serve.

Key regulatory elements for medication treatment programs include:

- Practitioners must have federal certification and state approval to dispense methadone for addiction treatment.
- Practitioners must have federal certification called a Drug and Alcohol Treatment Act waived certificate to prescribe Suboxone.
- Practitioners must be registered with the Drug Enforcement Agency.
- Practitioners must uphold all the required certifications, registrations, rules and regulations based on the medication they are prescribing.

State Regulation

The CDHS-OBH has established rules to prevent diversion of controlled substance medication used in medication assisted treatment programs that treat using controlled substances. Additionally, CDHS-OBH policy requires that licensed controlled substance addiction treatment programs report critical incidents when a patient or staff person has a diversion incident. The reported information from such events is compiled and reviewed by the CDHS-OBH, Controlled Substances Administrator for the purposes of understanding the scope of the problem and improving control and oversight through the provision of technical assistance. Oversight includes investigation of the follow up on each diversion incident reported to the CDHS - OBH Controlled Substances Administrator. In addition, follow up leads to site visits where documentation is reviewed and consultation and advisement follows to ensure that the program followed all relevant regulations.

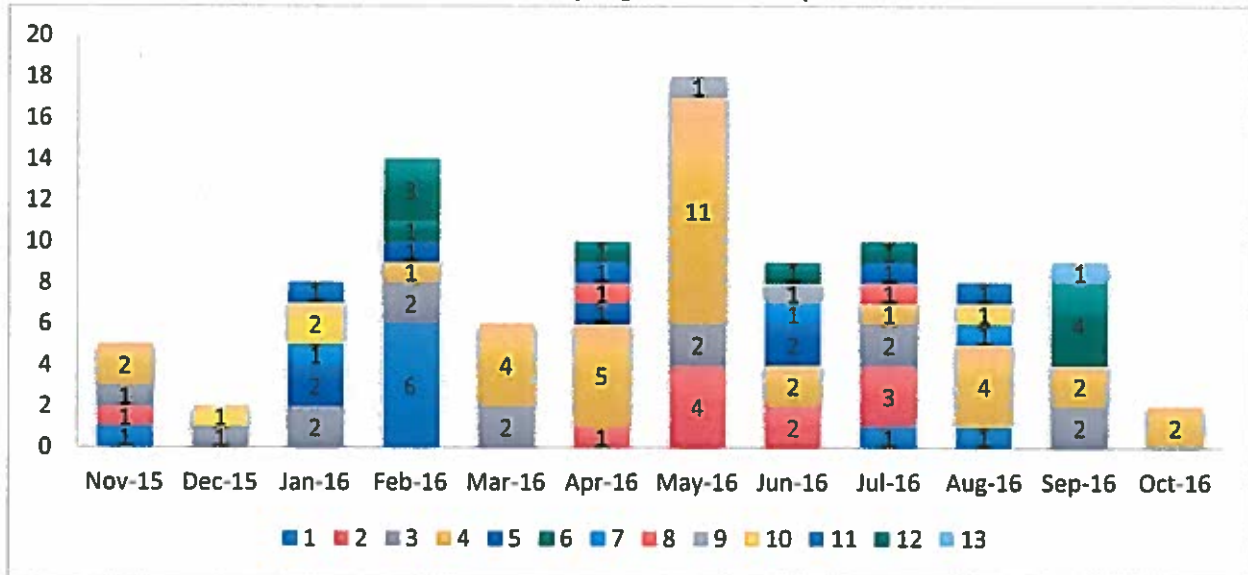
Outcomes

From November 2015 to October 2016, the CDHS-OBH identified a total of 90 instances at state licensed opioid medication assisted programs where medications were diverted. In these instances, the CDHS-OBH Controlled Substances Administrator:

- Assisted program staff in understanding the controlled substance protocol policy.
- Provided specific education to program staff and patients to reduce take-home doses to further reduce the likelihood of drug diversion or misuse.
- Sought program input into how diversion protocol policy can be improved and/or better operationalized within the agency itself.
- Through several information gathering sessions by staff in the state director's meetings, as well as through structured interviews at sight visits, gathered information about the training required by staff to properly identify, assess and report these diversion incidents was exceptionally low for the newer staff. As the programs increased in number, patient numbers increased necessitating the need for additional staff increased. Consequently, additional diversion training is needed.
- In instances where diversion was exceptionally high, programs were visited more frequently and consulted on compliance issues.
- In most instances, consultation and training occurred and the issue was resolved.

Below is the graphical representation of reported instances of diversion for the sites reviewed by the CDHS-OBH, (sites are not named, but are numbered one through thirteen):

Out of the 20 programs, thirteen different programs have reported 90 critical incidents.



*Legend: each color/number represents one of the 13 Colorado Department of Human Services, Office of Behavioral Health licensed opioid medication assisted treatment programs that reported critical incidents. Each month, the number reflects the number of incidents reported by that corresponding program.

Total Diversion Reports by Agency (November 2015 thru October 2016): 90

The graph reflects an overall increase of 131 percent reported to the state from the previous year. This number accurately reflects the increase of patients in these narcotic treatment programs. The central registry reflects an increase of 1,000 patients in the programs which is a 300 percent increase since November 2015. In addition, it is likely that the ongoing education and training has helped to identify incidents of diversion that might not have been reported otherwise.

1. The programs experiencing the greater numbers have been found to be a reflection of the increase in numbers at each of the programs.
2. Continued additional training may be needed for newer programs and counselors to properly identify and report instances of diversion. Actions to address this possibility are addressed below.

Through the implementation and use of the Prescription Drug Monitoring Program, there is now more frequent and enhanced collaboration with primary care physicians. This has allowed for the ability to proactively identify high-risk patients and scenarios, as well as address any further abuses of other controlled medications when patients are outside of the programs direct supervision and care.

Future Actions for Controlled Substance Diversion

1. Enhanced training for all programs on general controlled substance diversion.
2. Continued oversight of diversion issues in site visits. In addition, the Department has recommended further reducing the number of allowed take-home methadone doses as a means to reduce diversion with this population.
3. Detailed review of patient charts at annual controlled substance licensing site visits to collect additional data on diversion issues. Review the charts of complaints also when it seems as though patient diversion issues are reported.
4. Discussing with patients the rules around diversion more regularly might be warranted for these programs in the coming year.
5. A Data Initiative Improvement project will provide us more patient level information as well as serve as a central portal for patient admission and discharge that can be done by programs administering the MAT.