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Chairman Bergman, Ranking Member Kuster, and Members of the Committee,

Thank you for the opportunity to speak with you today about drug diversion from the health care workplace. Such diversion is a crime that endangers all patients, health care employers, coworkers, and even endangers the diverters themselves. While we have long known of these hazards of patients being deprived of pain medicine by diversion, only fairly recently has the grave risk to extremely vulnerable patients been revealed by outbreaks of diseases such as blood poisoning by bacteria or viruses that have been transmitted by drug diverters swapping syringes in the commission of their crimes. In the process, many patients have been infected with potentially fatal illnesses. I have attached for your review a paper authored by CDC investigators outlining 6 such outbreaks over a 10 year period that resulted in illness and death in patients. One of the diversion/infection scenarios included Veteran's Affairs patients being exposed to a diverter that communicated his Hepatitis C infection to approximately 50 patients. This diverter was radiation technologist who traveled the country working for multiple employment agencies. He had been fired from multiple jobs for diverting fentanyl for his own use, but by simply lying about previous terminations on job applications, and in the absence of a national registry of radiation technologists, he had no trouble finding employment. In the darkened invasive radiology suites he would swap the fentanyl syringe on the anesthesia cart with one he has previously used to inject himself. He would then excuse himself to a restroom, inject himself with the stolen fentanyl, draw up tap-water, and repeat the process with the next patient's fentanyl. In this manner, he conveyed his potentially lethal illness to many innocent victims. The 8 patients described in these outbreaks were all in extremely vulnerable positions, either undergoing an invasive procedure while under anesthesia, or in an Intensive Care Unit. Clearly, such behavior is unacceptable, and in recognition of these dangers posed by diversion the Drug Enforcement Administration requires stringent drug control policies and procedures to be put in place to protect controlled substances from attack across all points of the manufacturing, distribution, dispensing, administration and disposal spectrum. The drugs used in the healthcare setting are highly sought after drugs of abuse, both by addicts and by those who would profit richly by the sale of stolen drugs.

Experience at the Mayo Clinic and elsewhere has shown the necessity of having robust surveillance, detection, investigation, and intervention programs in place in order to minimize the risk to all involved. While it will be impossible to completely eliminate drug diversion from the healthcare workplace, it is imperative that robust systems rapidly detect and halt such activity. I have attached for your review an article from Mayo Clinic authors, myself included, which outlines our program from its inception to very successful implementation. While we continue to try to improve our system, it has proven quite effective in identifying a host of drug diverters since implementation 7 years ago. Diverters come from diverse backgrounds, and include physicians, pharmacists, pharmacy techs, nurses, nursing students, nursing assistants, janitors, patients, patient's family members, nursing home attendants, hospice

workers, and strangers off the street. The stories are incredible, but they all point to the powerful draw that these drugs have over addicts. As such, it is not good enough to merely have effective policies and procedures on the books; they must actually be rigorously followed. Diverters are generally clever and desperate, and they will gravitate into the area of a system where they perceive the drugs to be most vulnerable to attack. It therefore behooves any healthcare facility to have a reputation for being effective at rapidly identifying, terminating, and prosecuting drug diversion and drug diverters. Only by doing so can we protect the most vulnerable of our patients from preventable harm. As I've stated, this problem will never go away, so we must become very good at rapid intervention. Only by instituting and following effective anti-diversion policies and procedures will this be possible.

I thank the Committee for its attention to this important issue, and stand ready to answer any questions you may have.

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