



Checklist for Detecting Medication Misuse or Diversion

Practice	Explanation/examples
Talk	<ul style="list-style-type: none"> • Define diversion and misuse with each patient. Ask patient to give examples of each from their experience with illicit drug use. • Discuss potential triggers. • Develop strategies to combat these behaviors. • Follow up at each visit about occurrences or close calls of medication diversion and misuse, just as with use of illicit opioid of choice. • Discuss openly throughout treatment.
Examine	<ul style="list-style-type: none"> • Non-healing or fresh track marks or intranasal erythema may indicate buprenorphine injection or intranasal use, or that other substances are being misused, whereby the medication could be sold/traded for the opioid of choice. • Lack of objective signs of opioid withdrawal despite patient report of severe withdrawal.
Listen	<ul style="list-style-type: none"> • Repeated requests for early refills due to various reasons: lost, stolen, or washed (forgot to take out of clothing) medications
Monitor	<ul style="list-style-type: none"> • Missing appointments • Incorrect medication tablet/film counts • Urine test with absence of buprenorphine and/or norbuprenorphine • Unexpected medical problems for a patient believed to be in recovery (i.e., abscesses) • State prescription monitoring reports showing ongoing receipt of prescription opioids or other controlled substances that the patient denied being prescribed, and/or multiple prescriptions from different OBOT providers over the same period.
Collaborate	<ul style="list-style-type: none"> • Feedback from pharmacist about unusual behavior from patient, such as appearing intoxicated or being accompanied by someone who appears to be overly interested in the medication; exchange of something in parking lot or waiting area. • Counselor and family members who are not currently addicted and who have the patient's best interest in mind report patient contact with old drug-using friends or non-adherence with medication if they are supervising ingestion.

Source: Lofwall, M.R., & Walsh, S.L. (2013) A review of buprenorphine diversion and misuse: the current evidence base and experiences from around the world. *Journal of addiction medicine*, 8 (5), 315-326.