

Medication for Addiction Treatment: Administration Integrity

DIVERSION

- » The transfer of any legally prescribed substance to a person that it is NOT legally prescribed to
- » Any removal of medication from the medication administration process

Diversion is not isolated to buprenorphine or methadone and can occur during storage, dispensing, administration or wasting of any medication. Medication administration and monitoring procedures exist in all facilities; enhancing existing procedures may help alleviate concerns regarding diversion.

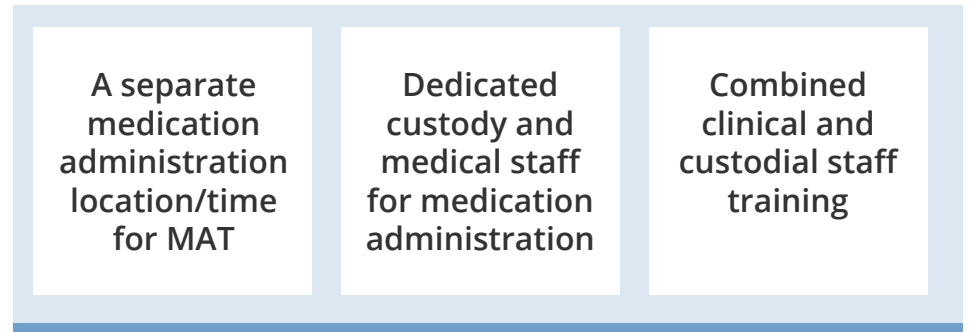
MISUSE

- » Taking a medication at a time other than prescribed (saving it for later...)
- » Taking a medication by a route other than prescribed (injecting, snorting)
- » Taking someone else's medication, even if for a legitimate medical complaint
- » Taking a medication for a reason other than what it is prescribed for (i.e., to get high)

CONTRABAND

- » Medication that originates outside the medication administration process

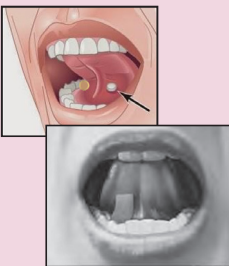
Best Practices for Medication for Addiction Treatment (MAT) Administration



TO PREVENT DIVERSION PRIOR TO MEDICATION ADMINISTRATION	TO PREVENT DIVERSION PRIOR TO PLACEMENT IN THE MOUTH
1. Do not allow patients to bring anything to medication line (no papers or cups)	1. Mouth check pre medication
2. No jackets can be worn and roll up sleeves	2. Premoisten mouth with fluid
3. Completely remove masks	3. Confirm strip/tab is being removed from pouch (Staff placing strip/ tab in mouth eliminates some possible diversion opportunities)
4. Tie back hair	4. Direct observation of medicine under the tongue
	5. Ensure all items are collected before leaving medication line (e.g. cup, foil pouch)

TO PREVENT DIVERSION AFTER PLACEMENT IN THE MOUTH

<ol style="list-style-type: none"> 1. Instructions to <ol style="list-style-type: none"> a) Keep mouth closed b) Do not swallow (staff visually monitor and conduct mouth check if patient swallows) c) Patient education that the medication must dissolve under the tongue to work; it will not work if swallowed 	<ol style="list-style-type: none"> 2. Visualize patient's hands (options for hand placement include sitting on hands, placing hands behind back, in front or on top of table) 3. Monitor for 3-5 minutes 4. Mouth check prior to leaving observation area
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Hand placement, duration of monitoring, type of staff, and possible video surveillance to monitor will be determined by facility and may vary per housing unit within a facility.

