



STATE OF MARYLAND

DHMH

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Maryland Department of Health and Mental Hygiene

55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Alcohol and Drug Abuse Administration

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Director

**Statewide Buprenorphine Initiative  
Diversion Control Plan  
January 2, 2008**

The jurisdiction/provider must develop and implement a diversion control plan as part of their quality assurance program and must integrate the plan into patient, staff, and physician education. The plan must contain specific measures to reduce the possibility of diversion.

**At a minimum:**

- a. Toxicology specimens must test for the presence of Buprenorphine as well as the absence of alcohol/illicit drugs.
- b. Patient education must occur at the time of informed consent and at regular intervals through treatment. This education must include the importance of securing medications at home and the consequences of diversion.
- c. Staff education must stress the importance of testing for evidence of buprenorphine, integrating medicine discussions into counseling appointments, and having regular contact with case manager and MD, especially when there are medical, psychiatric, or psychosocial changes in patient status.
- d. Physician education should include patient behaviors that require immediate communication with the treatment program/case manager. These include unsatisfactory response to the medicine, missed appointments, lost prescriptions, lost pills, and complaints of an inadequate dose. Physicians should be informed of the availability of a SAMHSA mentoring program available through [www.pcass](http://www.pcass). This mentoring program should be strongly recommended for physicians who have been prescribing Buprenorphine for under a year.

Programs should consider additional diversion control measures, including using a pill recall system whereby patients are randomly contacted to bring in their remaining doses. This option raises HIPAA/42 CFR issues that would have to be resolved. Another option is to require the patient to ingest their medicine at the treatment program. Decisions about the consequences of diversion should be made within a treatment team context.



