



DivertGuard
drugdiversionprevention.com

A CASE FOR FUNDING PREVENTION

Diversion already has a documented cost. The controls that prevent it are known.

Almost every figure comes from a government record: a Department of Justice or DEA action, a state licensing board order, or a court filing.

Two figures are not from that record: CDC outbreak data, and the program cost the board sets.

550 documented cases in 52 states and territories, 2017-2026.

550

cases over the last decade

52

states & territories

\$34.0M

in recorded penalties

16

cases with a death or overdose

EXECUTIVE SUMMARY

\$34.0M in penalties and 16 deaths are already on the record, and all of it is recent

\$34.0M

in penalties, 74 records

16

deaths or overdoses
documented

Situation: every organization handling controlled substances already has diversion policies.

Complication: 550 documented cases in 2017-2026; \$34.0M in penalties; 16 deaths.

Exposure: hospitals, retail pharmacies, oxycodone and fentanyl.

Detection: audits, tips and harmed patients, rarely the control itself.

DivertGuard registry of 723 documented cases; all figures computed over cases dated 2017-2026 (550 cases); penalty figures from 74 penalty records in that window.

THE EXPOSURE

In the last 10 years the record holds 550 documented cases in 52 states

550

cases over the last decade

52

states & territories

\$34.0M

in recorded penalties

16

cases with a death or overdose

Coverage is not even: 550 of the 723 cases fall in 2017-2026, and only 55 fall in the 27 years before 2010.

Every case is a government record: a Department of Justice or DEA action, a state licensing board order, or a state health department filing.

The last ten years are the only period with enough cases to compare fairly.

WHAT THIS MEANS

Every one of these cases is a program that did not catch it in time. Treat every figure here as a floor, not a total.

DivertGuard registry of 723 documented cases from DOJ and DEA releases, state licensing board orders and state health department records; 550 dated 2017-2026.

THE EXPOSURE

Individuals appear in more penalty records, but organizations pay 71% of the money

\$24.2M

71% paid by organizations

\$9.8M

29% paid by individuals

\$24.2M paid by organizations, 71% of all penalties in the window.

\$9.8M paid by individuals, the remaining 29%.

Individuals appear more often. Organizations pay far more each time.

The financial exposure sits with the organization.

WHAT THIS MEANS

When this goes wrong, the organization pays - not the individual.

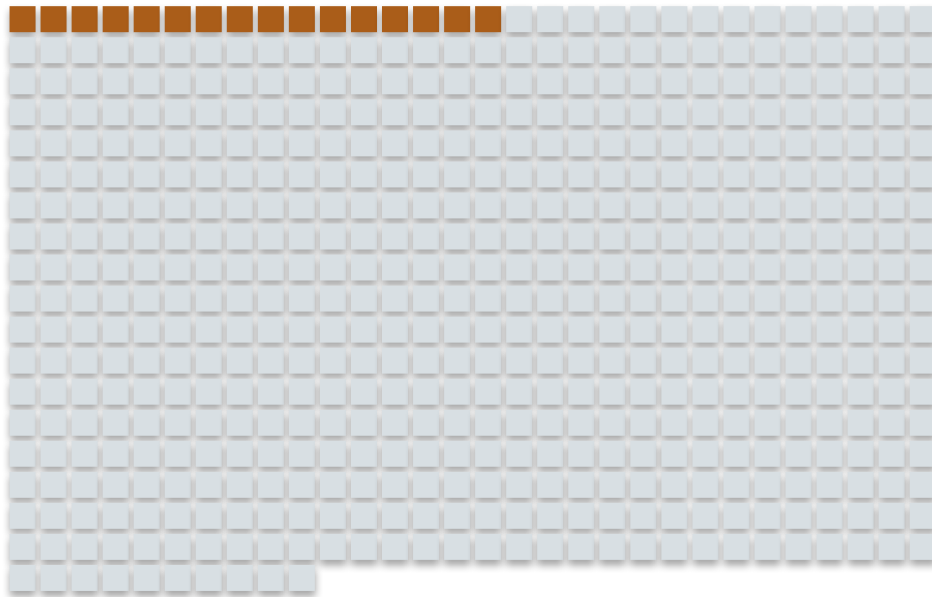
Penalty records within the DivertGuard registry dated 2017-2026 (74 records with a stated financial penalty). A settlement is not a finding of liability.

THE EXPOSURE

16 of the 550 documented cases record a death or overdose, all of them recent

16

of 550 documented cases



16 cases ended in a death, an overdose or a fatal outcome.

Every one falls inside the 2017-2026 window.

The penalties are the recoverable part of the cost. This part is not.

None of these controls is proposed because a rule requires it.

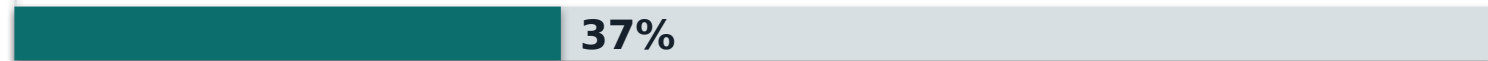
DivertGuard registry; cases dated 2017-2026 stating a death, overdose or fatal outcome. All 16 documented fatal outcomes fall in this window.

THE EXPOSURE

Retail Pharmacy and Hospital / Health System together account for 62% of documented exposure

Retail Pharmacy

201 cases



Hospital / Health System

190 cases



Retail pharmacy appears in 201 cases; Hospital / health system in 190.

A case can involve both, so together they cover 340 distinct cases - 62%.

Both handle the highest volume of controlled substances.

Both have the most hand-offs between staff, which is where diversion hides.

WHAT THIS MEANS

Start where the exposure already is. These are the two workflows to control first.

DivertGuard registry; share of documented exposure by care setting, cases dated 2017-2026. A case can happen in more than one setting, so the two shares overlap; the total below counts each case once, not twice.

THE EXPOSURE

Fentanyl and Oxycodone together account for 46% of substances named in the record

24%

Fentanyl

fentanyl appears in 24% of cases.

24%

Oxycodone

Oxycodone in 24%.

A case can name both, so together they cover 252 distinct cases, 46%.

Both sit in ordinary clinical workflows.

Dozens of other drugs appear as well, so the control is the process, not any one drug.

DivertGuard registry; share of named substances, cases dated 2017-2026. A case can name more than one substance, so the two shares overlap; the total below counts each case once, not twice.

THE EXPOSURE

Nursing roles are named in 53% of the cases that state a clinician role

53%

of the 497 cases that state a clinician role

261 of 497 cases that name a clinician role involve nursing.

That is 53% of those, or 47% of all 550.

The remaining cases do not state a role either way.

Registered nurse (RN) is the single most-named role on its own.

WHAT THIS MEANS

Controls belong in the workflow, not on the people inside it.

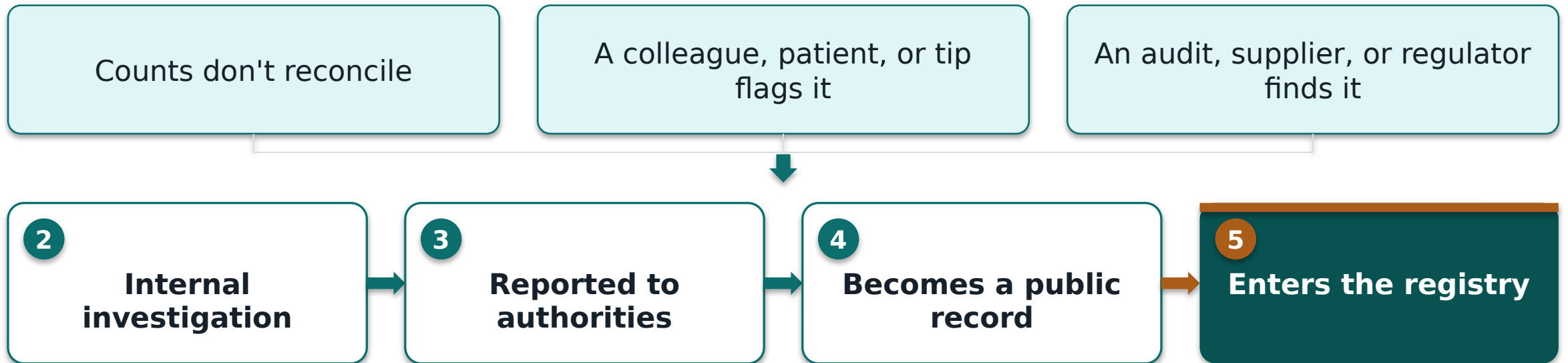
DivertGuard registry; most specific clinician role stated in the public record, cases dated 2017-2026. Denominator is the 497 cases that state a role, not all 550.

WHY IT HIDES

Most documented cases came to light through an audit, a tip or a harmed patient

Every route below sits downstream of the diversion - none is the control.

WHAT SURFACES IT



WHAT THIS MEANS

A control on paper but not reconciled is a policy, not a control.

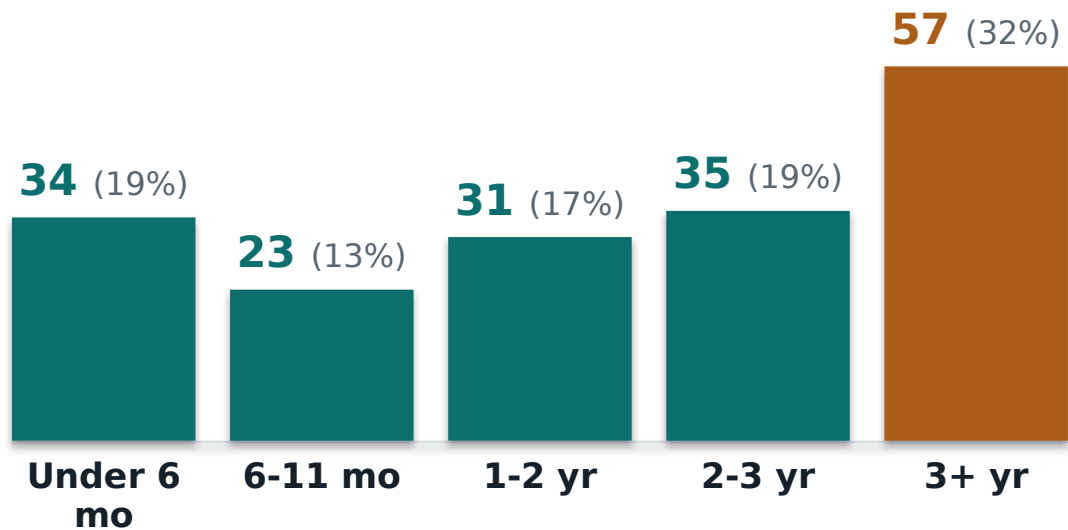
DivertGuard registry; route by which each case was detected and reached the public record, cases dated 2017-2026.

WHY IT HIDES

The typical documented case ran 2 years before anyone caught it

24 months median

of the 180 cases that record how long it ran



Only 180 of 723 documented cases say how long the diversion ran.

The mean ran even higher, at 28 months.

51% ran two years or more before anyone caught it.

32% ran three years or more - the largest single group.

WHAT THIS MEANS

Two years is the median. That is two years of drug leaves and patients exposed - the case for controls that fire early.

DivertGuard registry; period of diversion as stated in the case record text, not inferred from resolution dates. Of the 723 documented cases, 180 say how long the diversion ran (24.9% of the registry); every share on this slide is a share of those 180.

THE CASE FOR PREVENTION

Every control in this deck protects a patient and a colleague

PROTECTS THE PATIENT

16 documented cases ended in a death or an overdose, all of them recent.

Separately, CDC surveillance found 45 hepatitis C infections in one 2012 outbreak.

A reconciled count catches the discrepancy while the drug is still accountable.

WHY THIS IS THE POINT

A case here means a patient was harmed, a colleague was investigated, or both.

PROTECTS THE COLLEAGUE

Weak controls put everyone with access under suspicion, including people who did nothing wrong.

The nursing figure describes access, not character.

A colleague with substance use disorder is also a patient.

RESOLUTION

Diversion surfaces at five handling stages, each with a known control and record

Stage	Control	Evidence Kept
Procurement	Two-person receipt checked against the order.	The signed receipt, reconciled to the invoice.
Storage	Scheduled reconciliation of counts, with access logged.	The count and access log.
Prescribing	Orders matched to charting; every variance worked weekly.	The variance log.
Administration	Dispensing patterns reviewed by person and by unit, with a named reviewer.	The review and closure log.
Waste and Disposal	Witnessed wastage, with periodic testing of returned waste.	Witness entries and test results.

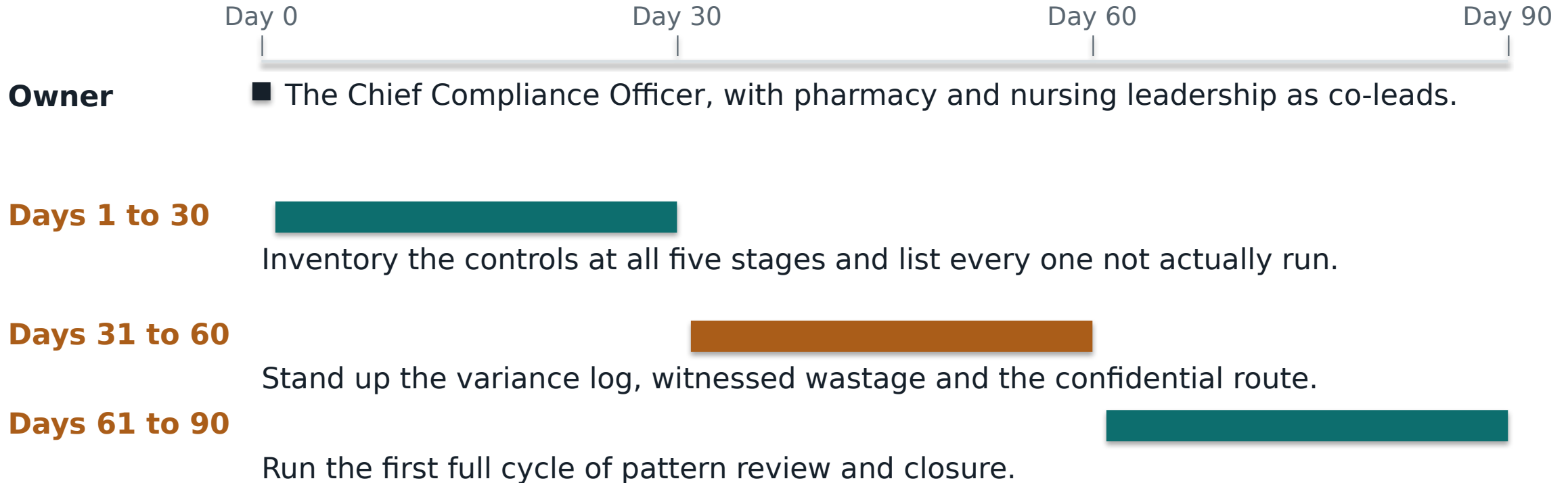
THE POINT

Five stages. Five controls. Each one leaves the record that proves it ran.

Control set aligned to the five stages at which diversion surfaces in the DivertGuard registry.

RECOMMENDATION

The five controls are what make a program provable, not just written down



THE POINT

Each control leaves a record, and the record is what shows it was run - the difference between a policy and a program. Prevention cost is not measured here.

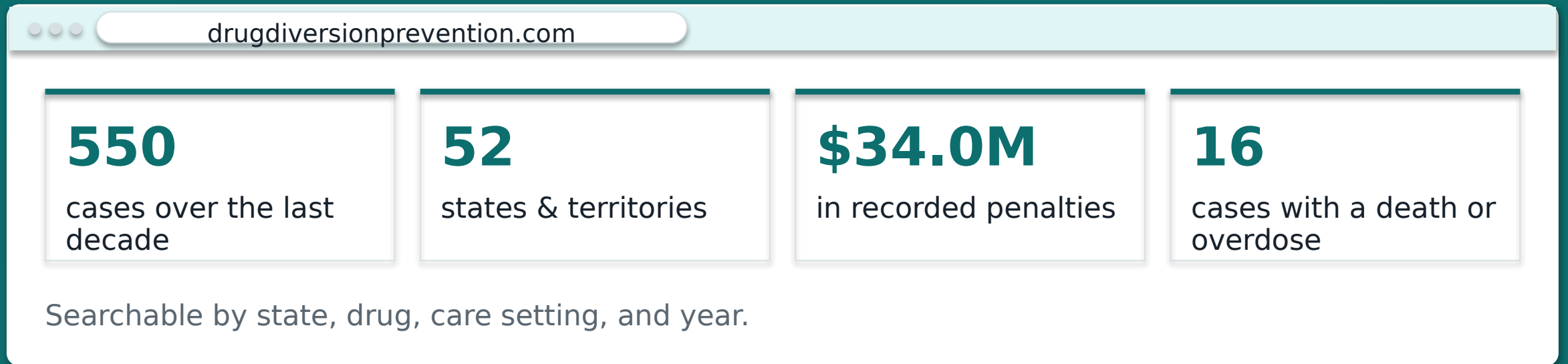
Recommendation informed by the DivertGuard registry, cases dated 2017-2026.



DivertGuard
drugdiversionprevention.com

The government record behind every number in this deck.

Every documented case, sourced and searchable, lives at drugdiversionprevention.com.



Documented cases, and the controls that prevent them.

Figures come from a registry of 723 documented cases, computed over the 550 dated 2017-2026. The CDC figure and the program cost come from outside that registry.