**Drug Diversion Prevention Education For the Anesthesia Provider Plus One**  
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### Introduction
- The US and Canada are experiencing an opioid crisis (Fan et al., 2019) with a consistent problem with drug diversion and substance use disorder (SUD) in healthcare workers (Wright et al., 2012).
- Around 10-15% of anesthesia providers will abuse drugs or alcohol at some point in their career and have a higher risk of drug-related death due to the types of medications they tend to divert (Wright, 2012).
- Identification of signs and symptoms of drug diversion and SUD can be life saving, support people should be aware of the signs and symptoms (Bryson, 2014).
- Although other disciplines have shown success in the use of family-based prevention for drug abuse (Ballester et al., 2022; Foscroft & Tsertsvadze, 2011), this idea has not yet been translated to the anesthesia provider population and their support network.
- Universal guidelines for SUD education in medical or nurse anesthesia programs are not currently available.

### Purpose
To provide an evidence-based educational model targeting anesthesia providers and plus ones (defined as spouse, significant other, close family member or friend). The project aims to:
- Increase awareness and knowledge of the risks of drug diversion in the anesthesia provider and plus ones.
- Create a secondary level of defense by educating those closest to the anesthesia providers on the inherent risk of drug diversion and SUD in anesthesia providers.
- Provide resources and knowledge of how to access help if drug diversion and SUD is suspected in the anesthesia provider.
- Create a sustainable educational model for both anesthesia providers and plus ones.

### Methods
- NRRI and CSBUII IRB approval and consent to participate were obtained.
- Anesthesia providers from CentraCare Central and Rural Locations, St Cloud Surgical Center, and their plus ones were invited.
- Plus ones were defined as spouse, significant other, close family member or friend.
- Educational event facilitated, which included targeted topics:
  - Drug diversion risks in anesthesia
  - Drug diversion signs
  - Support services
  - CRNA testimonial
- Pre/post survey at the event and 3 months after.
- Data were analyzed using SPSS (version 28.0).

### Results
- 86.4% of anesthesia providers reported previous education on drug diversion and SUD; however, 30.8% reported that this education was superior to that provided in the past.
- 80% of plus ones in attendance had never received education on drug diversion and SUD in the anesthesia provider.

### Demographics

### Educational Value
- Anesthesia Providers showed significant preference for in-person education in both the pre and post educational survey.
- Responses varied on frequency of drug diversion and SUD education, but overall data showed between yearly, and every 4 years was preferred.

### Conclusion
- This project provided a unique, evidence-based model for drug diversion education for the anesthesia provider and their plus one.
- The data shows an increase in overall awareness and knowledge of the risks and signs and symptoms of drug diversion post education.
- All participants valued the education provided.
- Implications for practice include a desire for more frequent in-person education regarding drug diversion and SUD.
- This project could be translated to other high-risk departments, educating both their providers and plus ones.
- Limitations include logistics, unknowns regarding the frequency of education needed and availability of impactful speakers, and expense.

### References