ANESTHESIOLOGISTS HAVE AN ABOVE AVERAGE RATE OF ADDICTION TO OPIOID DRUGS THAN PHYSICIANS IN OTHER SPECIALTIES AND PRIMARILY OBTAIN THESE DRUGS THROUGH DIVERSION

PROXIMITY to large quantities of highly addictive drugs

RELATIVE EASE of diverting particularly small quantities of these controlled substances for personal use

HIGH STRESS ENVIRONMENT in which anesthesiologists work

EXPOSURE in the workplace that sensitizes the reward pathways in the brain and thus promotes substance abuse

TOP DRUGS OF CHOICE FOR ANESTHESIOLOGISTS

- OPIOIDS
- FENTANYL
- SUFENTANIL
- PROPOFOL
- NITROUS OXIDE
- KETAMINE
- SODIUM THIOPENTAL
- LIDOCAINE

RECOMMENDED PRACTICES FOR SURVEILLANCE AND PREVENTION

- Provide controlled substances in ready-to-use concentrations
- Have pharmacy reconcile for all anesthesia controlled substances
- Regularly review atypical data like escalating activity and excessive waste
- Conduct monthly counts of automated dispensing cabinets to verify perpetual inventory
- Conduct inventory checks at each shift change when outside of the cabinet
- Have nursing management conduct random patient interviews
- Routinely reconcile health record dose administration with prescribed, dispensed, and returned quantities
- Hold pharmacist responsible for all controlled substances dispensed and distributed in high-risk anesthesia and operating room areas

PROFESSIONAL RISKS

- Felony conviction and civil malpractice suit
- Loss of professional licenses
- Prosecution for fraudulent charting and billing fraud