Understanding Propofol Abuse

Propofol is used for medical sedation and is not regulated by the U.S. Drug Enforcement Agency. When used in a medical setting, dosage amounts are generally small and given over a certain amount of time while patients are monitored for dangerous, albeit rare, conditions such as:

- Airway obstruction
- Respiratory failure
- Cardiac failure
- Decreased O2 levels

Propofol abusers tend to use higher amounts of the drug, with increasing frequency, and lack medical monitoring, making solitary abuse incredibly dangerous.

What is the #1 reported reason for propofol abuse?

According to a recent study published in the Journal of Addiction Medicine, insomnia (or a need to sleep) was the number one reported reason for initially abusing propofol.


Patients seeking treatment

The same study, published in the Journal of Addiction Medicine, reflected a very short time frame between the initial abuse of propofol and presenting to treatment. This could make meeting dependence criteria via the Diagnostic and Statistical Manual (DSM) a little more difficult.

- 68% presented to treatment <4 months after 1st use
- 18% presented to treatment after a single propofol binge

What is propofol glucuronide?

Metabolites are the product of metabolism, and propofol glucuronide is a metabolite of propofol. Propofol is processed by the body very quickly, making it a great anesthetic, but also making it incredibly difficult to test for. Therefore, testing for propofol glucuronide, instead of propofol, increases the window of detection.

How long is propofol glucuronide detectable?

Recent research from USDTL indicates that propofol glucuronide is detectable in urine for as long as 28 days following low-dose anesthesia.