

# 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 O<sub>2</sub> 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<sup>1</sup>

## Patients seeking treatment

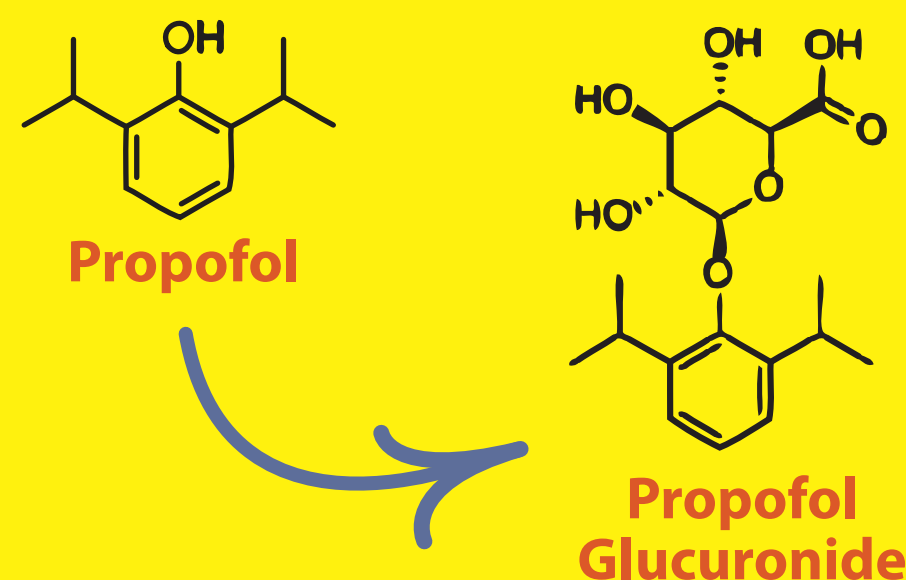
The same study, published in the *Journal of Addiction Medicine*, reflected a very short time frame between the initial abuse of propofol and presenting to treatment. This could make meeting dependence criteria via the Diagnostic and Statistical Manual (DSM) a little more difficult.<sup>1</sup>

**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.



## What specimens can be tested for propofol?

**URINE**

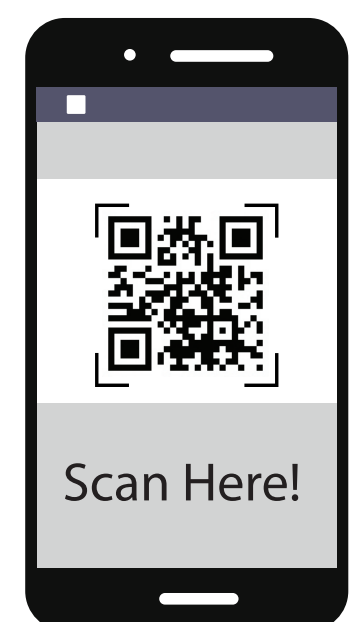
Up to  
~28 days<sup>2</sup>

**HAIR**

Up to  
~3 months

**NAIL**

Up to  
~3-6 months



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