

# **Position Statement Number 2.14 Securing Propofol**



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## Securing Propofol

The American Association of Nurse Anesthetists (AANA) has a history of supporting well-being and professional self-care for the Certified Registered Nurse Anesthetist (CRNA). AANA *Position Statement 1.7* states that the AANA “is aware of the occupational risks for substance abuse development in anesthesia providers and the professional implications substance abuse may have for the practitioner.”<sup>1</sup> The AANA Wellness Program and the AANA Peer Assistance Advisors have served as valuable resources to CRNAs on this issue for many years.

Since its introduction into the healthcare market, the misuse of propofol through self-administration has increased among anesthesia providers and healthcare professionals. Propofol produces dose-dependent sedation. At sub-anesthetic doses feelings of elation and euphoria have been reported.<sup>2,3</sup> Unfortunately, too often the first sign of propofol misuse or addiction is the practitioner’s death.

The ease of access to propofol may contribute to the incidence of abuse, addiction, and death among anesthesia providers and other healthcare professionals.<sup>4</sup> AANA recommends that those facilities which maintain propofol on formulary begin the development and implementation of methods (i.e., placement of propofol in a secure environment) that may reduce the likelihood of propofol diversion and abuse. Additionally, the drug’s potential for abuse supports review of its classification under the Controlled Substance Act.<sup>5</sup> Further investigation is needed to determine the most effective methods to prevent substance diversion and abuse in general.

### References:

1. *Position Statement 1.7 Substance Misuse and Chemical Dependency*. American Association of Nurse Anesthetists. Park Ridge: IL. 2007.
2. Roussin A, Monastrue J, Lapeyre-Mestre M. Pharmacological and clinical evidences on the potential for abuse and dependence of propofol: a review of the literature. *Fundamental & Clinical Pharmacology*. 2007; 21:459-465.
3. Zacny JP, Lichtor JL, Thompson W, Apfelbaum JL. Propofol at subanesthetic dose may have abuse potential in healthy volunteers. *Anesthesia and Analgesia*. 1993; 77:544-552.
4. Wischmeyer PE, Johnson BR, Wilson JE, Dingmann C, Bachman HM, Roller E, Tran ZV, Henthorn TK. A survey of propofol abuse in academic anesthesia programs. *Anesthesia and Analgesia*. 2007; 105:1066-71.
5. U.S. Drug Enforcement Administration. Controlled Substances Act. 21 CFR 13§ 811 and § 812. Available at <http://www.usdoj.gov/dea/pubs/csa.html>.

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