

Propofol, a drug of desperation

Abuse of the highly addictive anesthetic is a growing problem, but mostly confined to medical professionals

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Michael Jackson's death was every bit as strange as his progressively eccentric life. He died in a room that was swelteringly hot because he always felt cold, surrounded by the paraphernalia of addiction — oxygen tanks, an IV drip, empty drug canisters.

As the details of his final hours emerged, attention came to settle on the drug propofol, which he appears to have been given intravenously by his personal doctor in the early hours of June 25, the day he died. Should the imminent toxicology reports confirm propofol as the primary cause of death, that would place Jackson in a rare category: there are only two other cases recorded of lay people addicted to propofol.

The first was a 21-year-old American who bought it through eBay and took it through a drip, killing himself — though in this case the man administered the drug himself. The other was a 25-year-old Berliner who obtained it from vets' clinics. He pretended he kept tropical fish and needed to anesthetize them.

These exceptions apart, propofol abuse is confined to the medical profession, specifically anesthesiologists and nurses working alongside them who are constantly in the presence of the drug. Outside the medical world, their plight is relatively little known.

HOOKED ON OBLIVION

Interviews with recovering users, self-help groups and the leading experts in propofol addiction in the US paint a picture of desperate cravings, yearnings for oblivion, escape from childhood abuse and the slow, stuttering road to recovery. They reveal, too, a drug that is almost entirely unregulated, kept freely available to medical staff at the behest of drug companies and health providers, yet powerfully addictive and potentially lethal. A tiny excess dose can stop the heart or suppress breathing, and send the user into a coma from which he or she never comes back.

Propofol, or Diprivan as it trades in the US, is a white milky substance that was introduced in 1986. Its popularity as an anaesthetic has steadily grown until it is now the most widely used IV drug for putting patients to sleep. Doctors like it because it is quick to act and leaves a minimal hangover.

But it became known early on that it was addictive. In tests, rats and primates became hooked on it. In 1992 the first human dependency was recorded, an anesthesiologist in his early 30s who began injecting himself to cope with stress. His secret was uncovered when he was found unconscious one night in the toilets at work.

In the past few years concern has grown over the dangers. Alarm bells started ringing for Paul Wischmeyer, an anesthesiologist from Colorado, when a friend from medical school was found at home with a syringe stuck in his arm.

Wischmeyer began making informal inquiries, and was shocked by what he learned. "People would reach into the needle discard boxes full of used syringes and pull out old vials of propofol, not knowing what patient it had been used on or whether it was spoiled. That's pretty extreme," he said.

In another case, an addict fell asleep at his desk so frequently that his lolling forehead bore a perpetual bruise.

As propofol can only be injected in small doses, giving a high that lasts no more than seven minutes, users have been known to inject more than 100 times a day.

Wischmeyer decided to expand his research into a formal study. In 2006 he contacted 126 main anesthesia departments across the US. He found that almost one in five of them had experienced propofol addiction among the staff. Though numbers remained small compared with opiate addiction, he calculated a fivefold increase in propofol abuse over 10 years.

Those findings chimed with the experiences of Paul Earley of the Talbott Recovery Campus, the oldest and largest treatment center for troubled medical

professionals in the US. He saw eight cases of propofol abuse in 2006 and 12 in 2007, leaping to 27 last year.

As Earley grew more attuned to the problem, he also began to notice a striking factor shared by many propofol addicts: sexual or physical abuse in their past. "I started seeing a fair number of our patients who are victims of abuse as children," he said. "When I mentioned that to a colleague he said 'Yeah, I've noticed that in my patients too.'"

Omar Manejwala, an expert in addiction treatment at the William Farley Center in Virginia, has observed an alarming rate of post-traumatic stress among his patients. Post-traumatic stress disorder is not uncommon among addicts, presenting in maybe 30 percent or even 50 percent of cases; but with propofol he sees it in 70 percent or 80 percent.

The underlying trauma often relates to childhood, from physical abuse to early exposure to sexual experiences or rape. What draws these people to propofol, he believes, is that the drug has the ability to induce a sense of oblivion.

"What's shocking is that most propofol patients are not looking for euphoria or for a high, they just want to go into a coma. They are wanting to disappear," Manejwala said.

Thayne Flora, a nurse from Virginia, wanted to do just that. She fell into addiction to opiates when she was working in anesthesiology and was suffering chronic headaches. She abused sedatives, on or off, for years. Towards the end of her addiction she developed severe insomnia, and was desperately sleep deprived. That's when she turned, much like Michael Jackson, to propofol. "I was in such bad shape, I was looking not only to sleep, but to escape. Escape from life," she said.

By then, her addictive self had driven away friends and family, and she was socially isolated. "I just felt so lost, so completely alone," Flora said. "I thought I needed to end my life, and propofol did that for me. It just allowed me to go away for a while."

Flora was lucky. On 16 March 1993, an intervention was organized for her and she was put into treatment. She is in recovery and has been clean since that day.

Others are not so lucky. The drug is very potent and can kill without constant observation and respiratory help. Astonishingly, medical professionals in anesthesia know that full well, but still take the risk.

"That boggles the mind, and shows how desperate people are for it," Earley said.

DICING WITH DEATH

In particular danger are young doctors just starting out, who are not fully trained. The Colorado study found almost 40 percent of first-year doctors abusing propofol ended up dead.

Known deaths include a man aged 37 who gave himself a propofol drip, a 26-year-old nurse who injected a normal dose too quickly, and a female doctor found dead in a hospital dormitory with the door locked from the inside.

Despite the evidence, propofol remains largely unregulated. It is not a controlled substance, and stocks of the drug do not have to be registered or accounted for.

Art Zwerling, who runs an online forum for about 180 recovering medical addicts, believes access is a problem. "It's very easy for someone to walk into a stockroom and walk out with cases of propofol," he said.

Like many of those involved in treating propofol addicts, he wants the federal drug agencies to control the substance. The need is all the greater now, he believes, because there's a risk that the media circus surrounding Jackson's death has brought propofol to the attention of a wider field of abusers.

But all those interviewed for this article also saw Jackson's death, and the publicity surrounding it, as a tragedy that could be put to positive use — to spread the word that a lonely death in a sweltering room is not inevitable. There is another ending.

"Through treatment I've gained my life back," Flora said. "And it's better than I could ever have imagined."



PHOTO: AP

Michael Jackson's search for sleep



PHOTO: TAIPEI TIMES

Michael Jackson shared many of the typical features of propofol abuse with fellow addicts. He showed signs of deep psychological dependence, begging his nurse for the drug, which induces strong cravings.

He also used it to sleep, another common route into propofol addiction. The irony is that the drug does not help sleep, it only induces a coma, which renders users unconscious but leaves them unrefreshed.

Jackson received the sedative through an IV drip, which is the form used generally in operating theatres but requires careful monitoring by experienced

anesthetists if complications are to be avoided.

A tiny overdose can tip a patient into impaired breathing or heart failure, which are easily overcome by using ventilatory equipment and reducing the dosage.

That is why attention has now fallen on Jackson's doctor, Conrad Murray, whose home in Las Vegas and office in Houston, Texas, were both raided last week.

Detectives want to know why Murray was prescribing a potent sedative to an addict in the first place. They also want to know how he allowed his patient to collapse and die when he should have been monitoring him under the drug.

Court papers show that Murray is under investigation for manslaughter, though no charges have yet been brought.

SOURCE: THE GUARDIAN