A Halothane-abuse Fatality

To the Editor: — Concurrent with the introduction of general anesthetics has been their nonmedical use as "social drugs." Nineteenth-century ether and N₂O parties figure prominently in the anesthetic literature, and ketamine is now popular as a street drug because of its hallucinogenic properties. To date, halogenated inhalational anesthetics have been abused infrequently, primarily by medical personnel. Notwithstanding this, their potential utilization with malefic consequences should not be underestimated, as we discovered recently.

A previously healthy 19-year-old man sustained at home a cardiopulmonary arrest from an overdose of halothane. How he acquired the drug and his previous drug abuse history are unknown. Apparently he had been self-administering the drug using an open-drop technique. He was found comatose by his wife after an indeterminant interval. Cardiopulmonary resuscitation was begun by fire department paramedics, and subsequently he was transported to our facility. Upon admission, severe hypoxic encephalopathy was seen, and the blood halothane concentration was 200 μg/ml. He died a week later without any neurologic recovery. No pulmonary, hepatic or renal damage was seen at autopsy.

The lesson from this case is obvious. Halothane, together with the other anesthetic agents, must be regarded as a potentially lethal drug when used for illicit purposes. Every effort must be made to prevent its pilferage and curb its abuse. Furthermore, an educational program by either the FDA or the ASA is indicated, to alert the medical community about this dangerous practice.

STEVEN BLOCK, M.D.
Resident
RICHARD ROSENBLATT, M.D.
Assistant Professor
Department of Anesthesiology
University of California, Davis
Sacramento, California 95817

REFERENCES
5. Baseit RC: Analytical Procedures for Therapeutic Drug Monitoring and Emergency Toxicology. Davis, Cal., Biomedical Publications, 1979, pg 134

(Accepted for publication January 7, 1980.)