INTRODUCTION
The use of psychoactive substances among healthcare professionals has been well-documented. Anesthesiologists are recognized among medical specialty groups at high risk for development of chemical dependence.

OBJECTIVE
We propose to study the impact of this professional risk, the predisposing factors, the modalities of screening and prevention.

METHODS
We report two cases of deaths among anesthesiology professionals presenting autopsies signs of addiction to psychoactive substances.

RESULTS
We report two cases of deaths among anesthesiology professionals presenting autopsies signs of addiction to psychoactive substances. Autopsy and toxicological samples were not concluding as to the toxic origin of the death.

CONCLUSION
No Tunisian publication was interested before drug abuse among anesthesiology professionals. However, this problem exists in our country. The incidence of drug addiction is important in anesthesiology professionals.

1. Review of literature:
The use of psychoactive substances is slightly higher among physicians than the general population (1).

2. The chemical profile:
The chemical profile of anesthesia drugs diverted for addiction correlates with the dates of training. Before 1980, the most common drugs diverted for self-medication were meperidine, diazepam, and barbiturates (5),(6). After 1980, the vast majority of chemical dependency in anesthesia providers has involved drugs in the fentanyl family (7).

3. Anesthesiology residents have more than twice the risk of death from chemical dependency (8) compared with residents in other specialties.

4. Nurses who work in critical care settings (emergency departments, intensive care units, postanesthesia care units) may be more prone to abusing substances than other nurses.

5. In most cases, laboratory testing provides limited help.

1. Talbott et al. reported that substance abuse and chemical dependence occur in approximately 14% of the physician population in the United States (1).


3. Collins GB, McAllister MS, Jensen M, Gooden TA.
