



Neurontin® (gabapentin) is an anticonvulsant medication which is also used to treat nerve pain in adults. The U.S. Centers for Disease Control and Prevention lists gabapentin as an appropriate non-opioid treatment for chronic pain, recommending the drug as a first-line agent for neuropathic pain¹. Gabapentin is a non-narcotic medication thought to have a low abuse profile. However, increasingly, OSAM focus group participants report illicit use of the drug. Athens, Cleveland, Columbus and Youngstown participants indicated that the street availability of Neurontin® has increased during the past six months.

OSAM’s first mention of illicit use of Neurontin® was recorded in January 2014 in Dayton when a law enforcement officer reported, “[Neurontin®] *that’s the big one right now.*” Illicit Neurontin® use has been recorded in almost all regions during the past three reporting cycles (see Table 1). Preliminary analysis of OSAM’s most recent data for July to December 2016, found street availability and illicit use of Neurontin® to be moderate to high in six of the eight OSAM regions. In Athens, a participant commented, “*It seems like everyone is on Neurontin®;*” a law enforcement officer noted, “*Enormous Neurontin® abuse right now.*”

Table 1. Reports of Illicit Neurontin® Use by OSAM Region

Region	January 2014	June 2014	January 2015	June 2015	January 2016	June 2016	January 2017
Akron-Canton*							
Athens				✓	✓	✓	✓
Cincinnati				✓	✓	✓	✓
Cleveland						✓	✓
Columbus			✓		✓	✓	✓
Dayton	✓		✓	✓	✓	✓	
Toledo					✓		✓
Youngstown					✓		✓

* Participants are not asked specifically about Neurontin®. Participants discussed the drug at the conclusion of focus groups when asked to report on new and emerging drugs of abuse. Thus, the absence of reports in a region does not indicate a lack of street availability and/or illicit use in that region.

Participants and community professionals described typical illicit Neurontin® users as opiate addicted, those in jail or on probation, and those receiving medication-assisted treatment (MAT). Participants explained that opiate addicts take Neurontin® to self-medicate through periods of withdrawal, while those receiving MAT, particularly Suboxone® and Vivitrol®, take the drug for the slight high it produces.

One participant explained his attraction to Neurontin®: *"It's not a narcotic, but what it does, is, it intensifies your methadone...so if you take your methadone and you go buy 10 Neurontin® and you take all 10, it's sort of like you tripled your dose."* Other participants described: *"They give you a semi-euphoric feeling if you abuse it; I know people who over take it; It's called 'gabs' and is more available because there is a demand; I give it two more years and it will be scheduled."*

A treatment provider reported, *"It's on the rise. I am hearing a lot more about it being on the streets and I got clients that are prescribed it. They say it's awesome for withdrawals."* Another treatment provider commented, *"Neurontin® seems to be the new high...they crush them up and snort them...especially used in the jail. Heroin addicts are prescribed it to treat [withdrawal] symptoms and they get a little bit of the high feeling and are hooked."* Law enforcement officers commented: *"There seems to be a marked difference [availability increase] in Neurontin® in the last six months because doctors are prescribing it more; I am seeing a lot of gabapentin."*



According to the Ohio Board of Pharmacy, analysis of its Ohio Automated Rx Reporting System (OARRS) data found gabapentin to be the number one drug dispensed in the state in December 2016. Gabapentin was dispensed at a greater rate than any other controlled substance. In fact, it was dispensed at a 30 percent higher rate than the number two drug for that month, oxycodone. OARRS started collecting information regarding the dispensing of gabapentin effective December 1, 2016.

Recent research substantiates the reporting of OSAM participants that gabapentin misuse is increasing and that misuse is associated with opioid abuse. Separate meta-analytic reviews of studies examining gabapentin misuse published in peer-reviewed journals have found that gabapentin indeed possesses potential for abuse and its misuse has increased, particularly in individuals with a history of opioid abuse.^{2,3}

¹ U.S. Centers for Disease Control and Prevention. Nonopioid Treatments for Chronic Pain. Retrieved from https://www.cdc.gov/drugoverdose/pdf/alternative_treatments-a.pdf.

² Evoy, K.E., Morrison, M.D. & Saklad, S.R. (2017). Abuse and misuse of pregabalin and gabapentin. *Drugs*. DOI:10.1007/s40265-017-0700-x.

³ Smith, R.V., Havens, J.R. & Walsh, S.L. (2016). Gabapentin misuse, abuse and diversion: A systematic review. *Addiction*, 111(7), 1160-1174.

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