

More awareness, research needed on abuse risk of non-opioid painkiller

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Rachel Vickers Smith, Ph.D., M.P.H. Credit: University of Louisville



Amid the opioid epidemic, abuse of a different prescription painkiller has widely gone unnoticed.

Gabapentin, a nerve pain medication and anticonvulsant sold under the brand name Neurontin and others, increasingly is being misused, necessitating prescribers to understand its abuse potential and risk profile, said Rachel Vickers Smith, Ph.D., M.P.H., assistant professor in the University of Louisville School of Nursing.

She has found that abusers typically mix <u>gabapentin</u> with opioids, marijuana, cocaine and opioid treatment medication, compounding side effects to the central nervous system that include euphoria and sedation.

Some people who have primarily abused opioid pain medication have turned to gabapentin after crackdowns made it more difficult to obtain opioid prescriptions or purchase the drug on the street because of its expense.

"People are looking for other drugs to substitute for opioids, and gabapentin has filled that place for some," Vickers Smith said. "Some have said it gives them a high similar to opioids. It had been easy to get a prescription for gabapentin and it's very cheap."

Vickers Smith and other researchers authored a paper recently published in *Psychology of Addictive Behaviors* that explores recreational gabapentin use by a cohort of study participants in Appalachian Kentucky. Thirty-three people who reported recent recreational use of gabapentin were recruited from two ongoing longitudinal studies of drug users to participate in focus groups.

Overall, participants reported having started taking gabapentin more than 10 years ago after it was prescribed for a legitimate, though generally offlabel reason, including pain, anxiety and <u>opioid</u> detoxification.



The findings highlight the low cost of gabapentin and its increasing recreational popularity, particularly over the past two years.

In July, Kentucky became the first state to classify gabapentin as a controlled substance, making it more difficult for the medication to be prescribed. State lawmakers relied on research findings of Vickers Smith and others as evidence during senate hearings.

Despite its abuse risk, the Centers for Disease Control and Prevention two years ago released guidance recommending gabapentin as an alternative to opioids for pain treatment.

Since gabapentin's release in 1993, there have been no human laboratory studies done on the drug, Vickers Smith said.

"Early on, it was assumed to have no abuse potential," she said. "There's a need to examine it in further detail, especially if prescribing it is going to be encouraged."

More information: Rachel Vickers Smith et al, A qualitative analysis of gabapentin misuse and diversion among people who use drugs in Appalachian Kentucky., *Psychology of Addictive Behaviors* (2017). DOI: 10.1037/adb0000337

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