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WHITE PAPER

Why Gabapentin may become a Schedule V controlled substance

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Gabapentinoids (e.g. pregabalin and gabapentin) are widely used in neurology, psychiatry and primary healthcare but are increasingly being reported as possessing a potential for misuse.[1] Gabapentin may be abused for its euphoric and analgesic effects, or to substitute for or potentiate the effects of opioids or methadone.[6] Gabapentinoids are thought to possess GABA-mimetic properties whilst possibly presenting with direct/indirect effects on the dopaminergic 'reward' system.[1]

The main reasons for gabapentin misuse are as follows: getting high, alleviating opioid withdrawal symptoms and potentiating methadone effects [2] In an article it was noted that gabapentinoid experimenters are profiled as individuals with a history of recreational polydrug misuse, who self-administer with dosages clearly in excess (e.g. up to 3–20 times) of those that are clinically advisable.[1]

In addition, it has been determined that the drug's effects vary with the user, dosage, past experience, psychiatric history, and expectations. [3] Individuals describe varying experiences with gabapentin abuse, including: euphoria, improved sociability, a marijuana-like 'high', relaxation, and sense of calm, although not all reports are positive (for example, 'zombie-like' effects).[3]

In the first national (US) assessment of the prevalence of gabapentin abuse, gabapentin displayed similar abuse patterns to medications previously identified as demonstrating abuse potential and was either prescribed or diverted at average daily dosages exceeding that of the FDA maximum daily recommendation by three fold [4]. In the United States, pregabalin is classified as a schedule V controlled substance, and gabapentin was approved as a non-schedule medication, despite having similar pharmacological properties to pregabalin.[5]

Since gabapentinoids are commonly prescribed medications, health professionals should be well aware of both the potential risks for their misuse and the association discontinuation symptoms.[1] Physicians considering prescribing gabapentinoids for neurological/psychiatric disorders should carefully evaluate a possible previous history of drug abuse.[1] A common treatment for chronic pain is prescription of analgesics, but their long-term use entails risk of morbidity, addiction and misuse.[6] One way to reduce the risk of abuse is prescribing of analgesics in a topical form.[6] In terms of amelioration of symptoms, topical formulations may be very useful, and they are likely to be less susceptible to misuse than oral formulations.[6]

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