

GABAPENTIN



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Objective: The goal of this, and subsequent bulletins, is to provide information regarding identified changes in drug trends, and/or to educate and forewarn about newly identified substances.

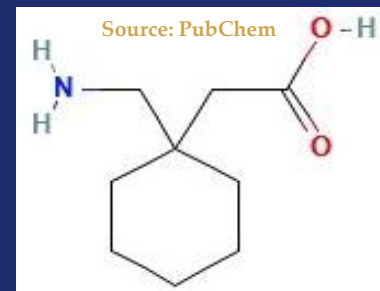
Executive Overview: Gabapentin is a prescription anticonvulsant and neuropathic pain medication approved for partial seizures and certain nerve-pain conditions, with extensive off-label use that has increased its availability in community settings.^{[1][2]} Although it is not an opioid and remains unscheduled under federal law, published research and current policy responses show that gabapentin has become a recurring drug of concern in misuse, diversion, and overdose, especially in opioid-affected populations.^{[2][3]}

For law enforcement, the principal concern is not gabapentin as a dominant stand-alone street drug, but as a force multiplier in polysubstance environments involving opioids, benzodiazepines, and alcohol.^{[2][4]} For public health partners, the main risks are diversion from legitimate prescriptions, nonmedical use among people with substance use disorders, physical dependence with chronic misuse, and elevated respiratory-depression risk when combined with other central nervous system depressants.^{[2][4][5]}

Drug Profile

Gabapentin is commonly marketed under names such as Neurontin, Gralise, and Horizant and is used to manage partial seizures, postherpetic neuralgia (lingering nerve pain), and restless legs syndrome in some formulations.^{[1][3]} It is also prescribed off label for additional neuropathic pain conditions and other complaints, which has expanded the volume of legitimate prescribing and increased opportunities for diversion.^{[2][5]}

The drug is often perceived as lower risk than opioids or benzodiazepines because it is not federally scheduled.^{[3][4]} That perception can reduce vigilance among patients and some providers even though the literature increasingly associates gabapentin with misuse, diversion, overdose co-involvement, and impairment when used with other sedating substances.^{[3][4][6]}



Illicit Market Use

Evidence indicates gabapentin is misused to enhance opioid euphoria, reduce withdrawal symptoms, produce sedation or dissociation at high doses, and supplement periods when preferred drugs are unavailable.^{[2][4]} Among people with opioid use disorder, gabapentin has particular utility as a low-cost and widely available "supplement" that can intensify intoxication or help manage withdrawal discomfort.^[4]



Source: Missouri Poison Center

Diversion most often originates from legitimate prescriptions rather than conventional trafficking chains.^{[4][5][7]} Common pathways include patient sharing, unauthorized resale, doctor shopping, stockpiling of unused medication, and theft from homes or healthcare settings.^{[5][7]} Agencies should expect to encounter gabapentin in overdose investigations, jail intake settings, probation or treatment populations, and alongside fentanyl, heroin, methadone, buprenorphine, benzodiazepines, or alcohol rather than as a primary stand-alone commodity.^{[2][3][4]}

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Prevalence and Trend Indicators – A systematic review reported estimated gabapentin misuse prevalence of approximately 1 percent in the general population, 40 to 65 percent among persons with prescriptions, and 15 to 22 percent among people who abuse opioids.^[4] These figures suggest misuse is concentrated in populations with direct prescription access and in opioid-involved populations rather than evenly distributed across communities.^{[2][4]}

Law-enforcement-derived diversion data and later reviews show increasing concern about gabapentin misuse over time, but those findings should be interpreted as trend indicators rather than precise current prevalence estimates for every jurisdiction.^{[7][8]} State policy changes, including prescription drug monitoring programs (PDMP) reporting rules and state scheduling in selected jurisdictions, further support the assessment that gabapentin has shifted from a low-profile prescription medication to a recognized drug of concern.^{[9][10]}



Source: MedPage

Effects and Health Risks

Short-Term Effects - Common short-term effects include dizziness, drowsiness, fatigue, impaired coordination, blurred vision, and nausea.^[1] At higher doses or in nonmedical use, users may present with confusion, slurred speech, marked sedation, impaired motor performance, and intoxication-like behavior that can affect driving, workplace safety, and custodial management.^{[4][6]}

The most significant acute danger is additive central nervous system and respiratory depression when gabapentin is combined with opioids, alcohol, or benzodiazepines.^{[2][3][11]} This combination risk is especially relevant for overdose investigators, jail medical staff, EMS, treatment providers, and clinicians managing chronic pain or opioid use disorder.^{[2][12]}

Long-Term Effects and Severe Reactions - Long-term use can be clinically appropriate when supervised, but prolonged or high-dose misuse can lead to tolerance, physical dependence, and withdrawal symptoms if the medication is stopped abruptly.^{[1][4][5]} Reported withdrawal effects include anxiety, insomnia, agitation, sweating, gastrointestinal distress, and seizure risk in some patients.^{[1][5][11]}

Long-term adverse effects may include cognitive slowing, memory problems, mood changes, and functional impairment, particularly when gabapentin is used with other sedating substances.^{[2][5][11]} Severe adverse reactions described in clinical references include suicidality, depression, anaphylaxis, angioedema (rapid, deep swelling under the skin/mucous membranes), and other serious hypersensitivity reactions.^{[5][11]}



Source: The Bluffs

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Overdose and Response Considerations - Gabapentin overdose may present with extreme drowsiness, dizziness, slurred speech, loss of coordination, confusion, and depressed respiration, particularly in combination exposures.^{[11][13]} There is no specific reversal agent for gabapentin, so emergency response centers on airway, breathing, circulation, scene assessment, and rapid EMS referral, while also treating suspected opioid co-exposure with naloxone when indicated.^[13]

For partner messaging, it is important to emphasize that naloxone reverses opioid effects but does not directly reverse gabapentin toxicity.^[13] In practical terms, many field events involving gabapentin will be mixed-drug events, so overdose protocols should treat gabapentin as a significant co-factor rather than a replacement for opioid-focused response measures.^{[4][13]}



Source: McKesson Medical-Surgical

Gabapentin's Legal and Monitored Status in the United States

Sources that track U.S. state classifications note that, as of 2024-2026, the states that explicitly list gabapentin as a Schedule V controlled substance include Alabama, Kentucky, North Dakota, Tennessee, Utah, Virginia, and West Virginia; Kansas and Nebraska appear in the group of states that require Prescription Drug Monitoring Program (PDMP) reporting but do not schedule gabapentin itself.^[14]



Classifies gabapentin as a schedule V controlled substance and mandates reporting in the jurisdiction's PDMP^[14]

Mandates reporting in the jurisdiction's PDMP without a controlled substance designation.^[14]

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Legal Status

Gabapentin remains a non-controlled substance under federal law.^{[2][3]} State law and PDMP policy vary, and those differences affect prescribing oversight, diversion monitoring, investigative authority, and charging decisions.^{[9][10][15]}

State	Status of Gabapentin (mid-2026)	Operational Note
Iowa	Available regulatory and summary sources reviewed for this products indicate gabapentin is not scheduled as a controlled substance in Iowa and was specifically described in a regulatory rule discussion as not scheduled in Iowa. ^[16]	Confirm with current Iowa code or Board of Pharmacy guidance before enforcement use because legal status can change. ^[16]
Kansas	Gabapentin is not identified in the reviewed sources as state-scheduled, but Kansas requires reporting of Schedule II-IV controlled substances plus five "drugs of concern" to K-TRACS. ^{[10][17]}	Kansas should be treated as a PDMP-monitoring state for gabapentin prescribing oversight and diversion review. ^[10]
Missouri	Missouri Medicaid guidance states gabapentin is not a controlled substance in Missouri, and the located Missouri controlled-substances schedule list does not indicate gabapentin as scheduled. ^{[15][18]}	Missouri agencies should still monitor diversion and overdose co-involvement even though the drug is not state-scheduled. ^[18]
Nebraska	Peer-reviewed analysis identifies Nebraska as a state that included gabapentin in PDMP regulation rather than Schedule V control. ^[9]	Nebraska should be treated as a PDMP-monitoring state for diversion surveillance and prescribing review. ^[11]
North Dakota	Recent summaries identify North Dakota as a state that classifies gabapentin as a Schedule V controlled substance. ^[3]	North Dakota agencies can apply controlled-substance handling, monitoring, and related enforcement rules to gabapentin cases. ^[3]
South Dakota	The reviewed sources do not identify South Dakota as a state that schedules gabapentin or requires gabapentin-specific PDMP reporting. ^[3]	Confirm current South Dakota law or Board of Pharmacy guidance before operational reliance because absence from secondary-source listings is not a substitute for direct legal verification. ^[3]

Implications for Law Enforcement and Partners

For law enforcement, gabapentin should be treated as a recurring co-involved substance in overdose scenes, rather than as a niche clinical issue.^{[2][3][6]} For public health and treatment partners, gabapentin warrants routine screening in substance-use assessments, medication reconciliation, overdose-risk counseling, and prescribing reviews where PDMP access is authorized.^{[12][17]}

In communities with high opioid morbidity, the operational message should be clear: a non-opioid label does not eliminate impairment, dependence, diversion, or fatality risk when gabapentin is combined with other depressants.^{[3][4][13]} This framing supports joint prevention messaging for prescribers, patients, treatment providers, and first responders.^{[6][12]}

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