



DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

NFLIS

NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM



DRUG

NFLIS-Drug Special Report: Gabapentin and Pregabalin Reported in NFLIS, 2011–2020



Highlights

From 2011 to 2019, estimated annual gabapentin reports increased from 918 to 3,139 reports (242%). From 2019 to 2020, gabapentin reports decreased from 3,139 to 2,928 reports (7%).

From 2011 to 2019, estimated annual pregabalin reports increased from 275 to 324 reports (18%). From 2019 to 2020, pregabalin reports decreased from 324 to 234 reports (28%).

Among items containing gabapentin reported from 2018 through 2020 that had at least one other drug in the same item, 51% contained fentanyl, 30% contained heroin, 14% contained an unspecified prescription drug, and 12% contained methamphetamine.

From 2016 through 2020, a total of 333.93 million gabapentin prescriptions and 51.38 million pregabalin prescriptions were dispensed. The highest numbers of prescriptions for both gabapentin and pregabalin were dispensed in 2020.

Note: The number of cases submitted and analyzed during 2020 declined noticeably, which is likely due, in part, to the impacts of the coronavirus disease (COVID-19) pandemic. Use caution when comparing 2020 estimates with previous years' estimates.

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Introduction

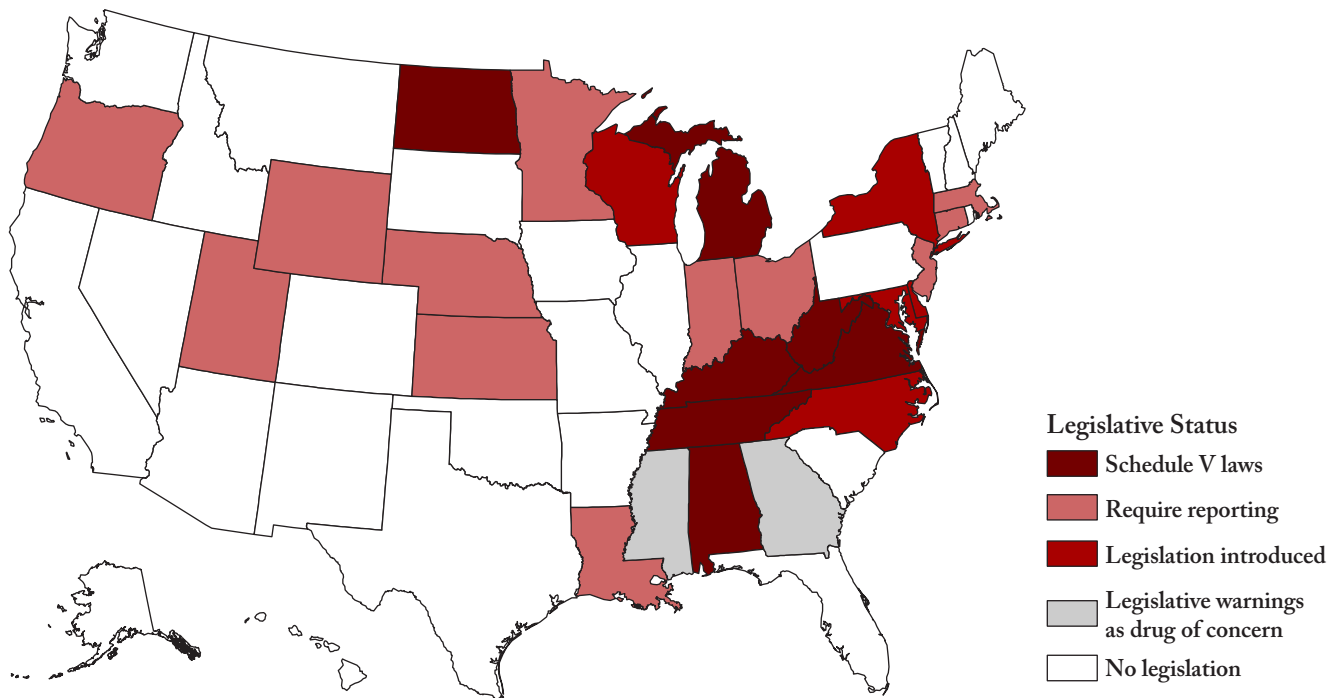
The National Forensic Laboratory Information System (NFLIS) is a program of the U.S. Drug Enforcement Administration (DEA), Diversion Control Division. NFLIS-Drug systematically collects drug identification results and associated information from drug cases submitted to and analyzed by Federal, State, and local forensic laboratories. These laboratories analyze controlled and noncontrolled substances secured in law enforcement operations across the country, making NFLIS-Drug an important resource in monitoring illicit drug abuse and trafficking, including the diversion of legally manufactured pharmaceuticals into illegal markets.

Gabapentin and pregabalin are prescription drugs that have been approved by the U.S. Food and Drug Administration (FDA) to be prescribed as anti-epileptics or as non-opioid alternatives for treating neuropathic pain. Gabapentin is sold under brand names such as Neurontin®, Horizant®, and Gralise®, and pregabalin is sold under the brand name Lyrica™. In a 2015 study that analyzed overdose deaths in five geographically diverse U.S. jurisdictions (Kentucky; North Carolina; West Virginia; Maricopa County, Arizona; and Northeast Tennessee),ⁱ 22% of all overdose decedents tested positive for gabapentin. The positivity rate varied considerably between jurisdictions, from the lowest of 4% in Northeast Tennessee to the highest of 41% in

Kentucky. The positivity rate for gabapentin was 26% among drug overdose decedents who tested positive for opioids.ⁱ In 2019, the FDA announced a new mandate that labels of gabapentin and pregabalin contain a warning about respiratory depression.ⁱⁱ

Pregabalin is controlled in Schedule V of the Federal Controlled Substances Act. Although not controlled federally, some States also list gabapentin as a Schedule V controlled substance because of its abuse potential as a non-opioid pain reliever.ⁱⁱⁱ At least 26 States and the District of Columbia have enacted legislation or introduced a bill to schedule gabapentin as a controlled substance or to submit distribution information through a reporting system (e.g., prescription drug monitoring program) (Figure 1; Appendix).^{iv} Gabapentin misuse and diversion were first reported in the literature in 1997.^v This publication presents results of gabapentin and pregabalin drug cases submitted to State and local laboratories from January 1, 2011, through December 31, 2020. National and regional estimates and IQVIA SMART, U.S. Launch Edition and U.S. Regional Edition, National Prescription Audit® (NPA) data on dispensed prescriptions of gabapentin and pregabalin are presented. Gabapentin reports that contain at least one other drug in the same item and State and county maps also are included.

Figure 1 Legislative status of gabapentin in the United States, October 2021



National Estimates

Figures 2 and 3 present national annual estimates of gabapentin and pregabalin reports that were submitted to State and local laboratories from January 2011 through December 2020 and analyzed within three months of each calendar year reporting period. In 2018, gabapentin was included for the first time as one of the top 25 most frequently identified drugs in NFLIS-Drug (24th), and it continued to be listed in 2019 (25th) and 2020 (25th). From 2011 to 2019, estimated annual gabapentin reports increased from 918 to 3,139 reports (242%). From 2012 to 2019, gabapentin reports increased between 7% and 33% annually; however, from 2019 to 2020, reports decreased significantly,

from 3,139 to 2,928 reports (7%). The largest annual increases in gabapentin reports occurred from 2014 to 2015 (27%), from 2015 to 2016 (33%), and from 2017 to 2018 (20%).

From 2011 to 2019, annual pregabalin reports increased significantly, from 275 to 324 reports (18%). From 2013 to 2016, pregabalin reports increased by between 12% and 22% annually, with the largest increases occurring from 2013 to 2014 (22%) and from 2015 to 2016 (20%). From 2016 to 2020, pregabalin reports decreased by between 4% and 28% annually. From 2019 to 2020, pregabalin reports decreased significantly, from 324 to 234 reports (28%).

Figure 2 National annual estimates for gabapentin in NFLIS-Drug, 2011–2020¹

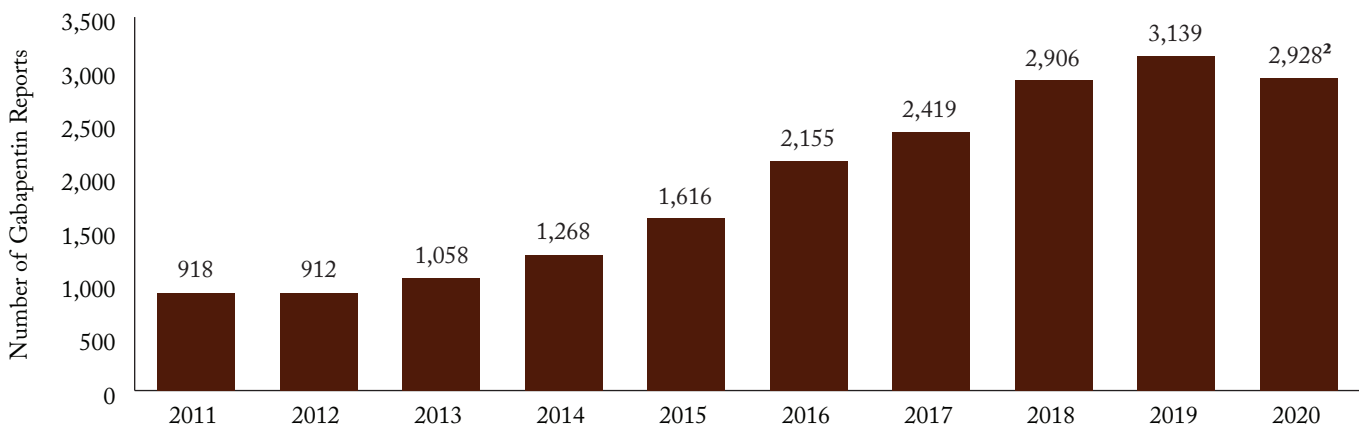
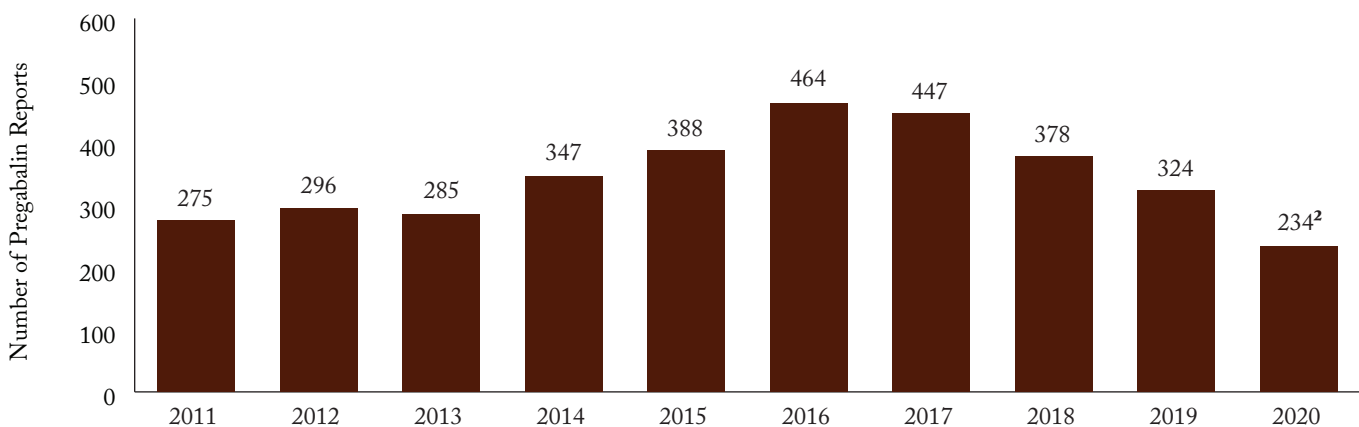


Figure 3 National annual estimates for pregabalin in NFLIS-Drug, 2011–2020¹



¹ Includes reports submitted to State and local laboratories from January 1, 2011, through December 31, 2020, and analyzed within three months of each calendar year reporting period.

² The number of cases submitted and analyzed during 2020 declined noticeably, which is likely due, in part, to the impacts of the coronavirus disease (COVID-19) pandemic. Use caution when comparing 2020 estimates with previous years' estimates.

Regional Trends in Gabapentin Reports

Regionally, the Northeast had the highest number of gabapentin reports per 100,000 persons aged 15 or older in 2011, 2012, and 2014, and from 2016 through 2019 (Figure 4). In 2013, 2015, and 2020, the South's rates were slightly higher than those of the Northeast. From 2011 through 2020, the number of gabapentin reports per 100,000 persons aged 15 or older was higher than the national trend across all years in the North and across all years except 2011 in the South. The Midwest's rate surpassed the national trend only in 2018. The West's number of gabapentin reports per 100,000 persons aged 15 or older was the lowest in every year and was always below the national trend.

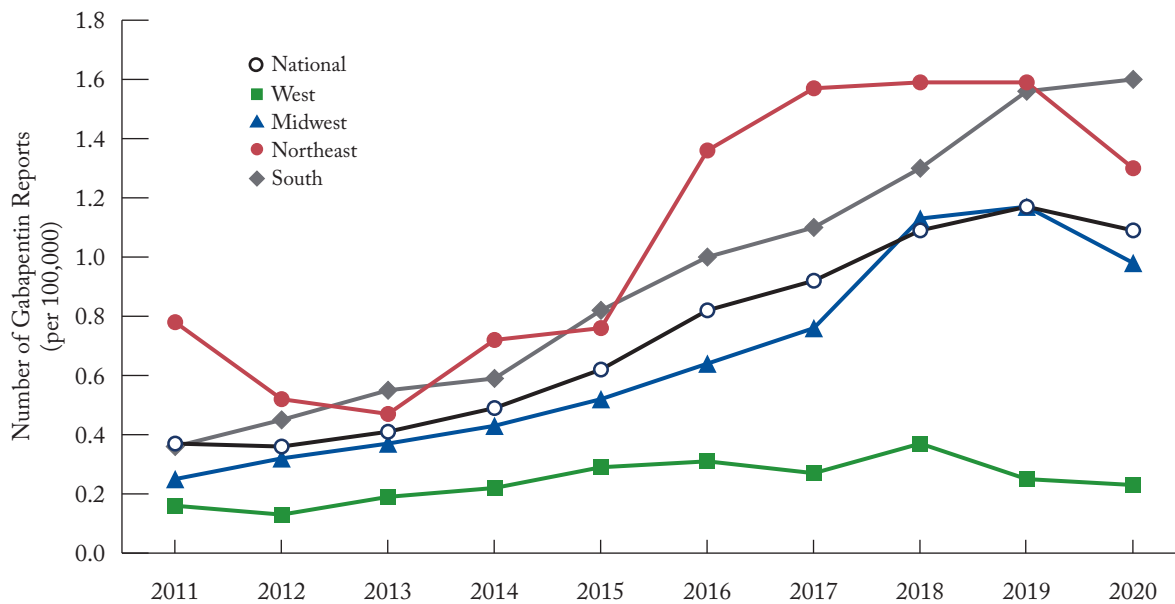
Gabapentin reports per 100,000 persons aged 15 or older increased significantly in all regions from 2011 through 2020. In the Northeast, the rate increased to more than 1.5 reports in 2017, where it remained until 2020, when the rate decreased to 1.3 reports. In the South, reports rose to 1.6 reports per 100,000 persons in both 2019 and 2020. The rate of gabapentin reports in the Midwest was highest in 2019 (1.2) but decreased to 1.0 in 2020. In the West, the rate reached a high of 0.4 reports in 2018.

The Northeast and the South had the highest number of pregabalin reports per 100,000 persons aged 15 or older in 2011, the South had the highest rates from 2012 through 2015, the South and the Midwest had the same rates in 2016, and the Midwest had the highest numbers from 2017 through 2020

(Figure 5). The West had the lowest number of pregabalin reports per 100,000 persons aged 15 or older in every year. The numbers of pregabalin reports per 100,000 persons aged 15 or older in the West were always below the national trend, as were those in the Northeast from 2012 through 2020. The number of pregabalin reports per 100,000 persons aged 15 or older in the South was higher than the national trend across all years, as were the rates in the Midwest from 2012 through 2020. The Northeast's rates surpassed the national trend only in 2011.

From 2012 to 2020, regional reports of pregabalin per 100,000 persons were substantially higher in the Midwest and South than in the West and Northeast. In 2011, reports per 100,000 persons in the South and Northeast were similar (0.15); however, rates in the South increased to 0.27 by 2016, whereas rates in the Northeast settled at around 0.07 by 2014. From 2011 to 2016, reports per 100,000 persons in the Midwest increased from 0.11 reports to 0.27 reports (a 140% increase). Similarly, rates in the South increased from 0.15 to 0.27 (a 79% increase) during this same period. The annual number of pregabalin reports per 100,000 persons continued to increase in the Midwest through 2017 (0.29) and remained higher than the annual numbers in the other three regions through 2020. In 2020, the annual number of reports per 100,000 persons was fewer than 0.15 across the same four regions.

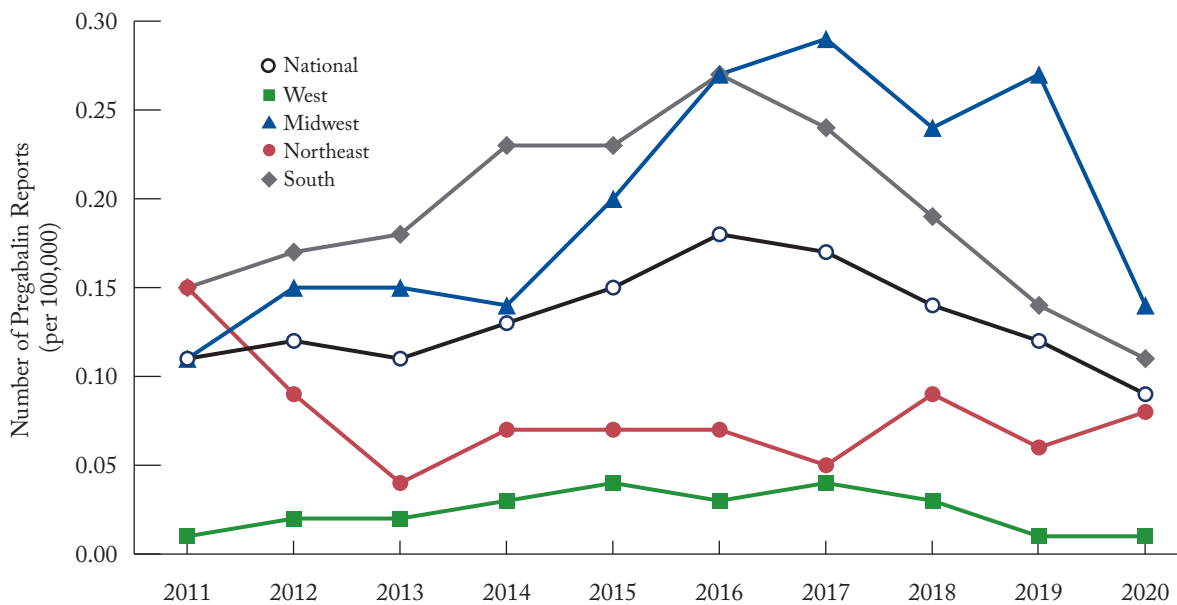
Figure 4 National and regional trends in gabapentin reports per 100,000 persons aged 15 or older, January 2011–December 2020^{1,2}



¹ Includes reports submitted to State and local laboratories from January 1, 2011, through December 31, 2020, and analyzed within three months of each calendar year reporting period.

² The number of cases submitted and analyzed during 2020 decreased noticeably, which is likely due, in part, to the impacts of the coronavirus disease (COVID-19) pandemic. Use caution when comparing 2020 estimates with previous years' estimates.

Figure 5 National and regional trends in pregabalin reports per 100,000 persons aged 15 or older, January 2011–December 2020^{1,2}



¹ Includes reports submitted to State and local laboratories from January 1, 2011, through December 31, 2020, and analyzed within three months of each calendar year reporting period.

² The number of cases submitted and analyzed during 2020 decreased noticeably, which is likely due, in part, to the impacts of the coronavirus disease (COVID-19) pandemic. Use caution when comparing 2020 estimates with previous years' estimates.

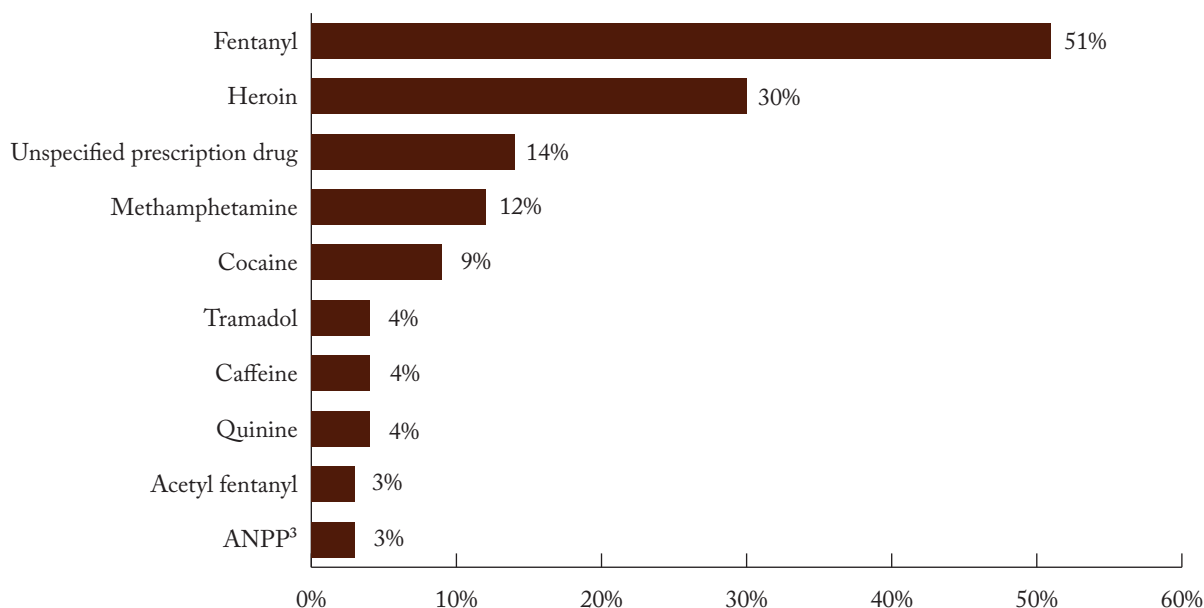
Gabapentin Reported with Other Drugs in the Same Item

This section presents raw data from Federal, State, and local laboratories on gabapentin combination items—items reported with gabapentin and at least one other drug in the same item. The data presented in this section are not necessarily counts of true combinations (e.g., powders mixed together); they also include counts of separate drugs reported together in the same item. For example, a bag of gabapentin packaged with a bag of heroin may be considered a single item, and both would be reported as substances

within that item. Policies for identifying what constitutes an item vary by laboratory. Data presented in this section were generated on August 31, 2021, from the NFLIS-Drug database.

Among items containing gabapentin reported from 2018 through 2020, 619 had at least one other drug in the same item. Of these gabapentin combination items, 51% contained fentanyl, 30% contained heroin, 14% contained an unspecified prescription drug, and 12% contained methamphetamine (Figure 6).

Figure 6 Percentage of all NFLIS-Drug 2018–2020 items containing gabapentin and at least one other drug^{1,2}



¹ The data presented in this figure were generated on August 31, 2021, from the NFLIS-Drug database.

² The data presented in this figure are not necessarily counts of true combinations (e.g., powders mixed together); they also include counts of separate drugs reported together in the same item.

³ ANPP = 4-anilino-N-phenethyl-4-piperidine.

Gabapentin Reports, by State and County

The data presented in this section are raw data—not estimates—from Federal, State, and local laboratories that were generated on September 7, 2021, from the NFLIS-Drug database. When data for this report were generated, a small number of laboratories were not reporting data to NFLIS-Drug. The absence of their data may have affected the reporting of the relative distribution of drugs that were seized and analyzed. The geographic data are based on information provided to the forensic laboratories by the submitting law enforcement agencies in the county of origin associated with the drug seizure incident. It is important to note that these data represent only those items that were submitted to and analyzed by forensic laboratories. State-level legislation and reporting requirements can change over time, affecting which substances are submitted, tested for, and reported.

Figure 7 shows that 30 States had at least one gabapentin report in 2011, and 3 States had 100 or more reports. Less than 1% of drug reports in all States were reported as gabapentin (Figure 8). By 2020, 42 States had at least one gabapentin report (Figure 9). Also in 2020, seven States had more than

100 gabapentin reports; four of these States—Kentucky, Ohio, Tennessee, and Virginia—each had more than 300 gabapentin reports. In 2020, 1% or more of all drug reports in five States were gabapentin (Figure 10).

From 2011 to 2020, the percentage of total drug reports that were identified as gabapentin increased in 23 States but decreased in California, Connecticut, Kansas, Minnesota, Missouri, Nebraska, and South Dakota. Seven States—Delaware, Hawaii, Illinois, Montana, Rhode Island, Utah, and Wyoming—had no gabapentin reports in 2011 or 2020. States with the highest relative increases in gabapentin reports as a percentage of their total drug reports were generally in the South and Midwest. Increases of 1,000% or more occurred in Oklahoma (1,953%), Indiana (1,319%), and New Jersey (1,277%), and increases of 500% or more occurred in Ohio (762%), Maryland (695%), Florida (630%), Louisiana (586%), Alabama (579%), and Pennsylvania (577%). New Mexico (247%) and Arizona (191%) had the largest relative increases in the West.

Figure 7 Gabapentin reports, by State, 2011¹

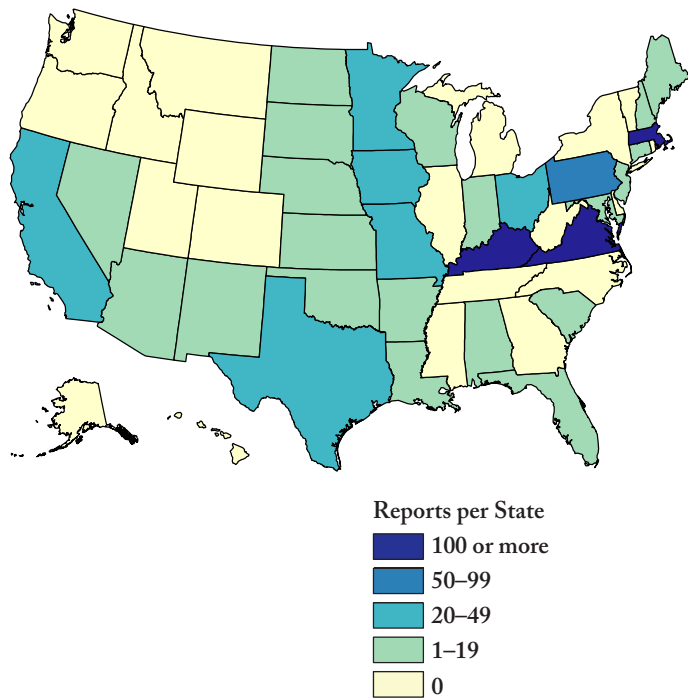
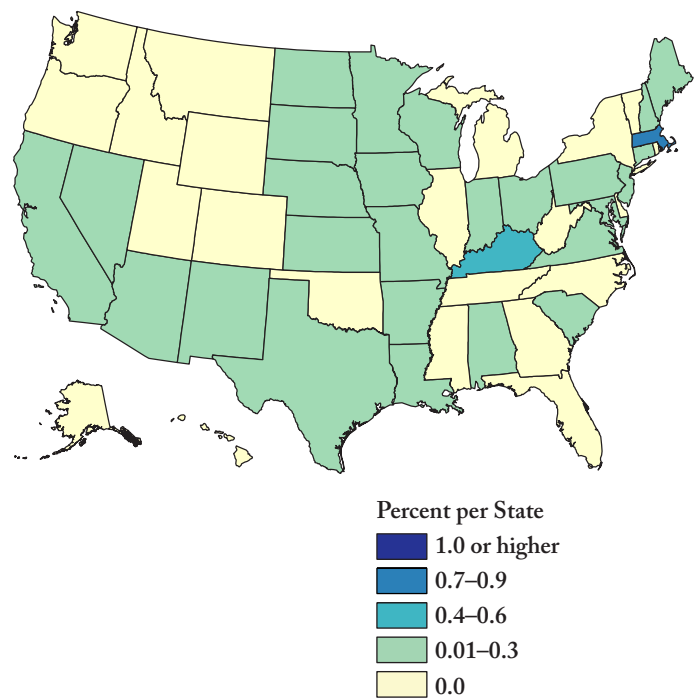


Figure 8 Percentage of total drug reports identified as gabapentin, by State, 2011¹



¹ The data presented in this figure were generated on September 7, 2021, from the NFLIS-Drug database.

Figure 9 Gabapentin reports, by State, 2020

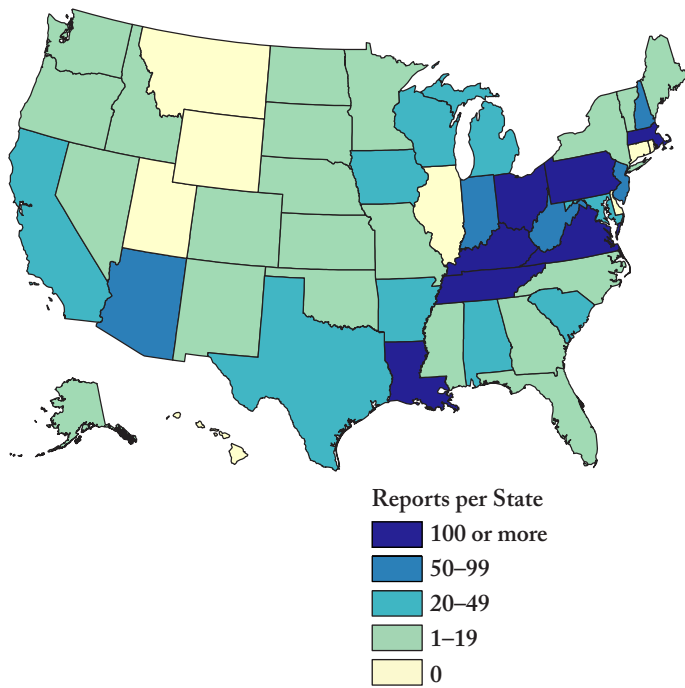
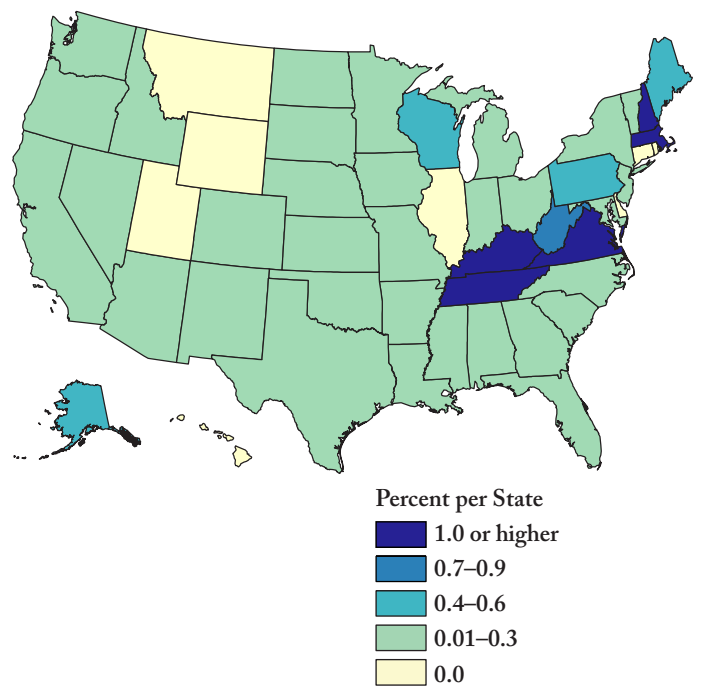


Figure 10 Percentage of total drug reports identified as gabapentin, by State, 2020



The rest of this section shows gabapentin reports, by counties in selected States, in 2011 and 2020. States were selected based on their geographic diversity (one State per U.S. census region) and large relative increases from 2011 to 2020 in the number and percentage of total drug reports identified as gabapentin.

Arizona had the 3rd highest number of gabapentin reports in the West in 2011 and the highest number of gabapentin reports in the West in 2020. In 2011, Maricopa County was the only

county in Arizona that reported gabapentin; its 13 gabapentin reports represented just 0.1% of total drug reports in the county (Figure 11). By 2020, 7 of the 15 counties in Arizona had at least one gabapentin report; Maricopa County again had the highest number of reports (33), representing 0.2% of total drug reports in the county (Figure 12). Graham County was the only county in which gabapentin represented at least 1% of total drug reports (two reports, 11%).

Figure 11 Percentage of total drug reports identified as gabapentin in Arizona, by county, 2011

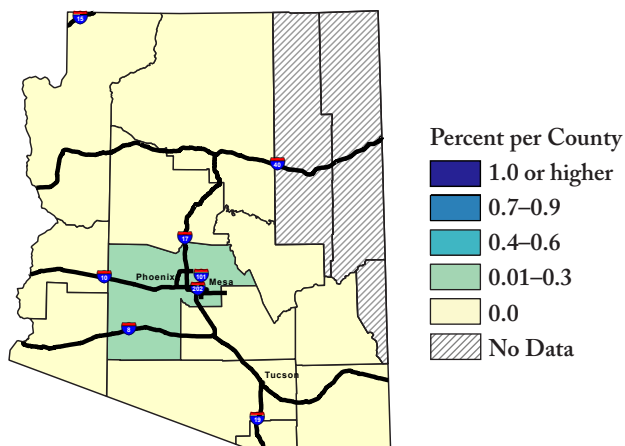
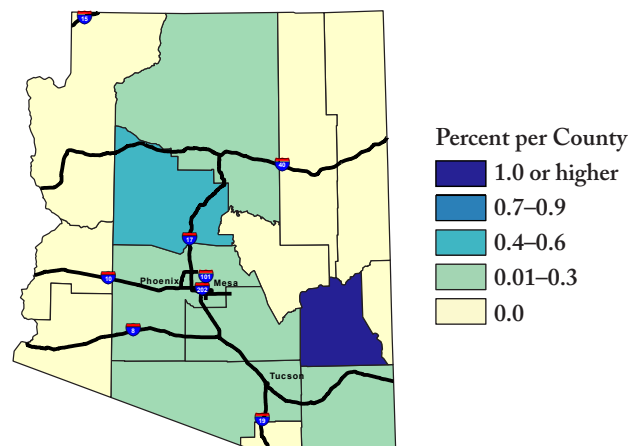


Figure 12 Percentage of total drug reports identified as gabapentin in Arizona, by county, 2020



In 2011, Indiana had only 4 gabapentin reports, but by 2020, it had the 2nd highest number of reports in the Midwest and the 12th highest number across all 50 States (62 reports). Of the 92 counties in Indiana, only 2 had gabapentin reports in 2011: DeKalb County (1) and Howard County (3); though in DeKalb County, this one report constituted 2.2% of total drug reports (Figure 13). By 2020, 28 counties in Indiana had at least one gabapentin report, with the highest numbers occurring in Howard (15 reports) and Clark (11 reports) Counties. In 11 counties, gabapentin represented 1% or more of total drug reports, with the highest percentages reported in Switzerland (10.0%), Brown (5.4%), Huntington (2.8%), Washington (2.6%), and Lawrence (2.5%) Counties (Figure 14).

In 2011, Massachusetts had the highest number of gabapentin reports (334), with 12 of the 14 counties reporting gabapentin. The highest numbers occurred in Suffolk (137 reports), Middlesex (65 reports), Norfolk (44 reports), and Plymouth (27 reports) Counties. Gabapentin accounted for 1% or more of total drug reports in Dukes (4.5%), Suffolk (2.5%), Norfolk (2.1%), and Plymouth (1.2%) Counties (Figure 15). In 2020, the counties in Massachusetts with the highest numbers of gabapentin reports were Middlesex (75), Worcester (65), Suffolk (34), and Norfolk (31) Counties. Gabapentin accounted for 1% or more of total drug reports in half of the counties in Massachusetts: Norfolk (2.9%), Bristol (2.4%), Middlesex (1.9%), Suffolk (1.9%), Plymouth (1.9%), Worcester (1.7%), and Essex (1.0%) Counties (Figure 16).

Figure 13 Percentage of total drug reports identified as gabapentin in Indiana, by county, 2011¹

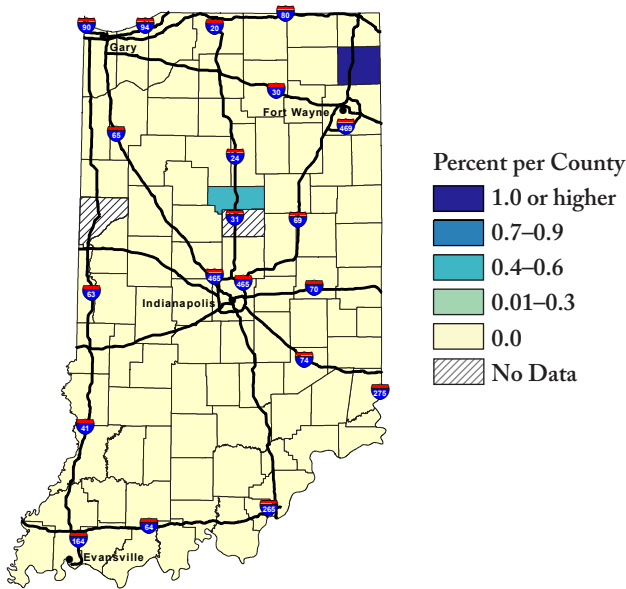


Figure 14 Percentage of total drug reports identified as gabapentin in Indiana, by county, 2020¹

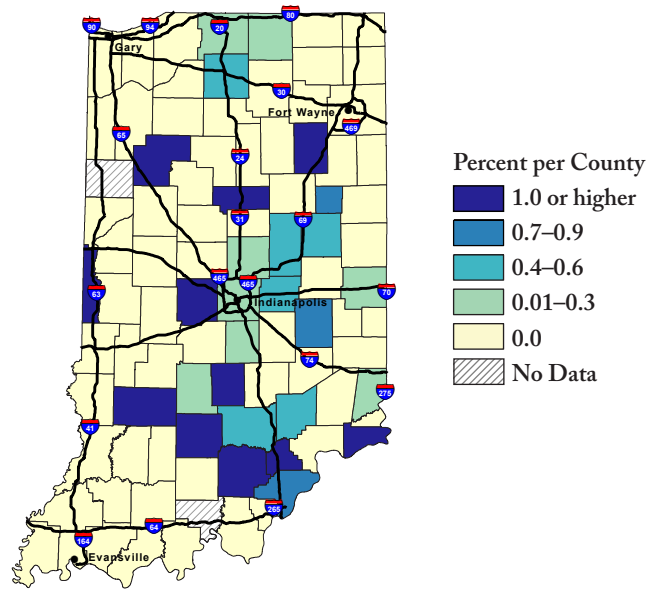


Figure 15 Percentage of total drug reports identified as gabapentin in Massachusetts, by county, 2011¹

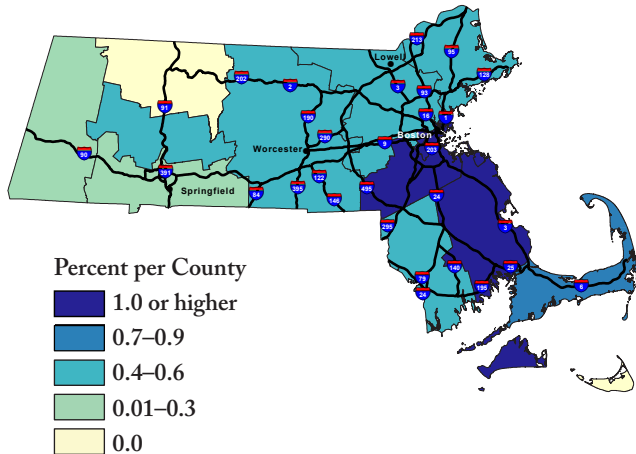
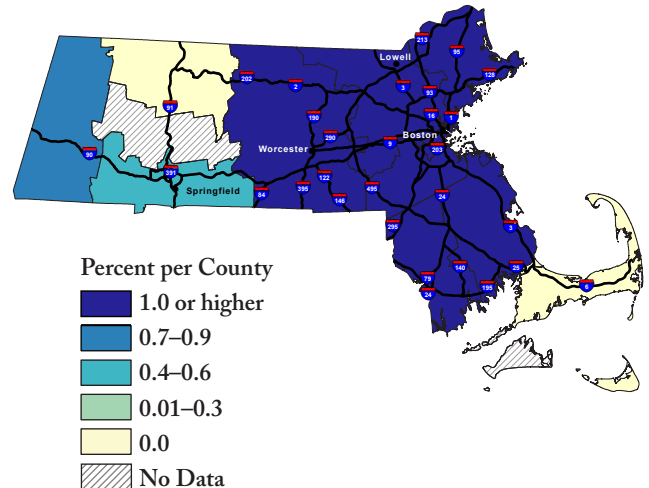


Figure 16 Percentage of total drug reports identified as gabapentin in Massachusetts, by county, 2020¹



¹ The data presented in this figure were generated on September 7, 2021, from the NFLIS-Drug database.

Gabapentin became a Schedule V controlled substance in Tennessee in 2018. Tennessee had no reports of gabapentin in 2011 (Figure 17). By 2020, however, Tennessee had the highest number of gabapentin reports in the country (672). Of Tennessee’s 95 counties, 66 had at least one gabapentin report in 2020, with the highest numbers occurring in Sullivan (61 reports),

Wilson (38 reports), Sevier (37 reports), Anderson (35 reports), and Knox (34 reports) Counties. Gabapentin accounted for 1% or more of total drug reports in more than half of Tennessee’s 95 counties, with the highest percentages reported in Grainger (14.7%), Hancock (10.2%), Grundy (7.7%), Claiborne (7.5%), and Clay (6.4%) Counties (Figure 18).

Figure 17 Percentage of total drug reports identified as gabapentin in Tennessee, by county, 2011¹

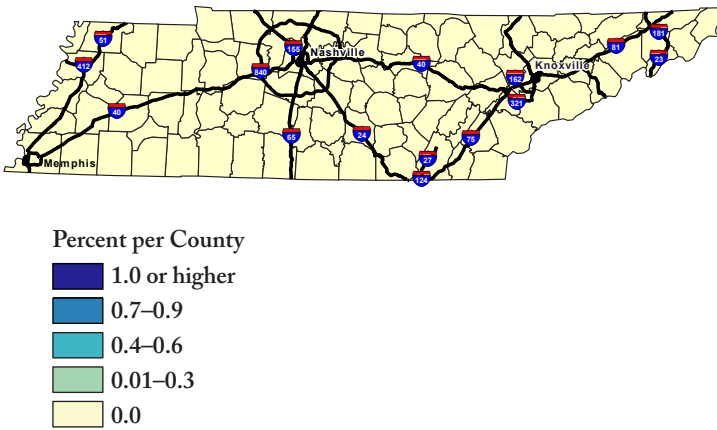
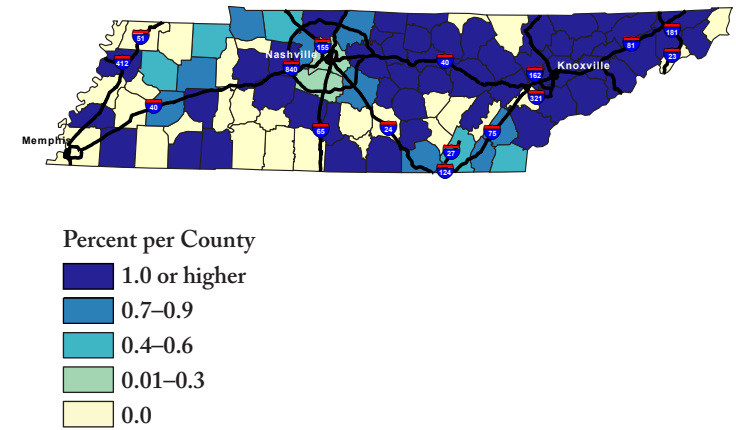


Figure 18 Percentage of total drug reports identified as gabapentin in Tennessee, by county, 2020¹



¹ The data presented in this figure were generated on September 7, 2021, from the NFLIS-Drug database.



Gabapentin and Pregabalin Prescriptions Dispensed, 2016–2020

The IQVIA Smart, U.S. Launch Edition and U.S. Regional Edition, NPA measures the retail outflow of prescriptions through retail pharmacies, mail services, and long-term care facilities. [Figure 19](#) shows IQVIA data on the total prescription volume (in millions) of gabapentin and pregabalin from 2016 through 2020 in the United States. Total prescription volume includes prescriptions and prescription refills.^{vi} From 2016 through 2020, a total of 333.93 million gabapentin prescriptions and 51.38 million pregabalin prescriptions were dispensed. The lowest number of

gabapentin prescriptions was dispensed in 2016 (64.49 million), and the lowest number of pregabalin prescriptions was dispensed in 2018 (9.91 million). The highest numbers of prescriptions for both gabapentin (69.00 million) and pregabalin (11.11 million) were dispensed in 2020.

[Figure 20](#) shows the top 10 States with the highest numbers of gabapentin prescriptions dispensed in 2020. California had the highest number of gabapentin prescriptions dispensed (5.80 million), followed by Texas (4.92 million).

Figure 19 IQVIA total gabapentin and pregabalin prescriptions dispensed, United States, 2016–2020

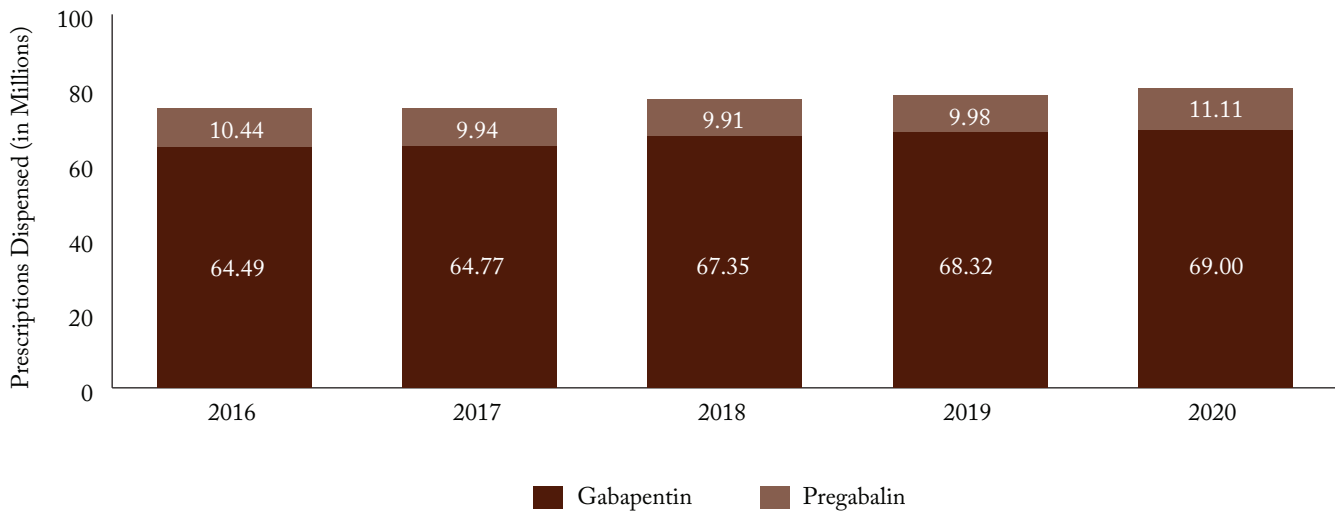
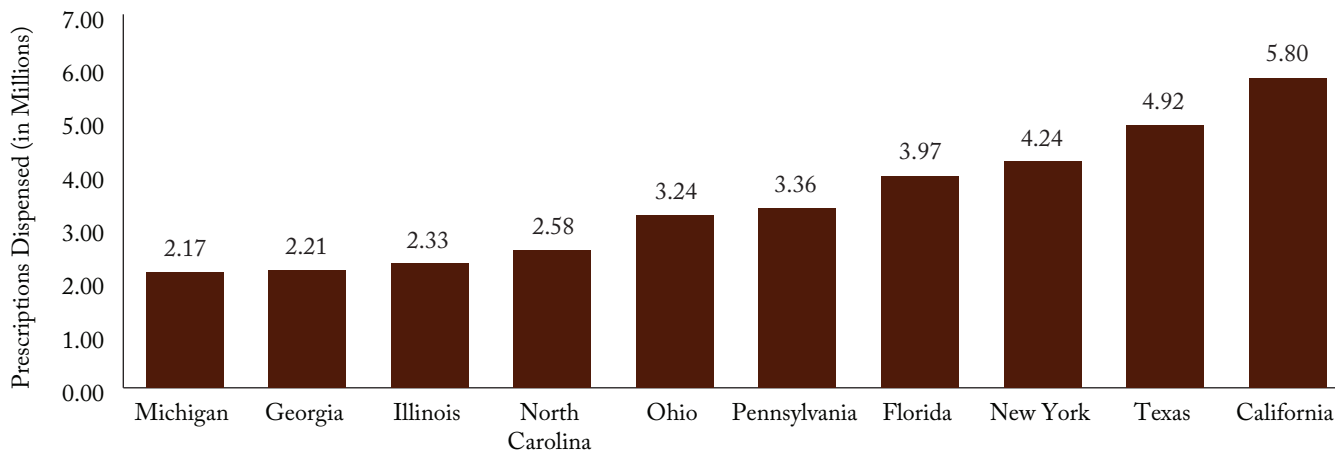







Figure 20 IQVIA total gabapentin prescriptions dispensed, by selected States, 2020



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- v Markowitz, J. S., Finkenbine, R., Myrick, H., King, L., & Carson, W. H. (1997). Gabapentin abuse in a cocaine user: Implications for treatment? *Journal of Clinical Psychopharmacology*, 17(5), 423–424. <https://doi.org/10.1097/00004714-199710000-00012> 
- vi IQVIA SMART, U.S. Launch Edition and U.S. Regional Edition, National Prescription Audit (NPA). (n.d.). Accessed March 2021. <https://smart.imshealth.com/> 

Appendix

State	Gabapentin Status	Relevant Gabapentin Legislation	Effective Date
Alabama ¹	Gabapentin classified as Schedule V	Section 20-2-210	11/18/2019
Connecticut ²	Required reporting to Connecticut Prescription Monitoring and Reporting System	Chapter 420b, Sections 21a-254(j) and 21a-254(j)(2)	01/01/2021
Delaware ³	Bill to classify gabapentin as Schedule V cleared committee on 6/19/2019; bill failed to advance	HB 233, Title 16	N/A
District of Columbia ⁴	Required reporting to DC Prescription Monitoring Program (PMP)	Section 48-853.03	06/07/2019
Georgia ⁵	Gabapentin determined to be a “dangerous drug”	O.C.G.A. 16-13-29; O.C.G.A. 16-13-71	2010
Indiana ⁶	Required reporting to Indiana Scheduled Prescription Electronic Collection and Tracking (INSPECT) program	IC 35-48-1-9; IC 25-26-24-2.5	07/01/2019
Kansas ⁷	Required reporting to Kansas Prescription Drug Monitoring Program (PDMP) (K-TRACS)	KS Stat § 65-4113 (2016), Section 68-21-7	07/25/2018
Kentucky ⁸	Gabapentin classified as Schedule V	902 KAR 55:035	07/01/2017
Louisiana ⁹	Gabapentin determined to be a “drug of concern”; required reporting to Louisiana PMP	LAC 46:LIII, Chapter 29	02/20/2021
Maryland ¹⁰	Bill to require reporting to PDMP; HB0755 referred to committee; bill failed to advance	MD Crim Law Code § 5-406 (2018)	N/A
Massachusetts ¹¹	Gabapentin classified as an “additional drug”; required reporting to Massachusetts PMP	Chapter 52, Section 69 (2016); 105 CMR 700.00; 105 CMR 700.012(C)(7)	08/01/2017
Michigan ¹²	Gabapentin classified as Schedule V	Rule 338.3125	01/04/2019
Minnesota ¹³	Required reporting to Minnesota PMP	§ 152.126; HF1652/SF1440 (2016)	08/01/2016
Mississippi ¹⁴	Gabapentin determined to be a “drug of concern”; required reporting to Mississippi PMP	§ 73-21-127	05/01/2021
Nebraska ¹⁵	Required reporting of all prescription medications to Nebraska PDMP	Nebraska Revised Statutes 71-2454, 71-2455, and 71-2456	01/01/2018
New Jersey ¹⁶	Required reporting to New Jersey PMP	N.J.A.C. 13:45A-35.1	06/03/2019
New York ¹⁷	Bills to classify gabapentin as a controlled substance and to require reporting to New York PMP; bills failed to advance	New York Public Health Law § 3306 (2018); SB S8145A, S3906, and A3823A	N/A
North Carolina ¹⁸	Bill to require reporting to North Carolina Controlled Substances Reporting System; bill failed to advance	SB 546 (2019)	N/A

State	Gabapentin Status	Relevant Gabapentin Legislation	Effective Date
North Dakota ¹⁹	Required reporting to North Dakota PMP; gabapentin classified as Schedule V	Chapter 19-03.1 Uniform Controlled Substances Act; HB 1113	08/01/2017 (PMP reporting); 04/10/2019 (Schedule V)
Ohio ²⁰	Required reporting to Ohio Automated Rx Reporting System	Rule 4729:8-2-02	12/01/2016
Oregon ²¹	Required reporting to Oregon PDMP	HB 2257	01/01/2020
Tennessee ²²	Gabapentin classified as Schedule V; required reporting to Tennessee Controlled Substance Monitoring Database	Section 39-17-414; SB 2258/HB 1832 (2018)	07/01/2018
Utah ^{23,24}	Required reporting to Utah Controlled Substance Database (CSD); Board of Pharmacy recommended classifying gabapentin as Schedule V (2020)	HB 449, Rule R156-37f-203(8); no change to Controlled Substances Act was recommended for the 2022 legislative session	04/01/2020 (CSD reporting)
Virginia ²⁵	Required reporting to Virginia PMP; gabapentin classified as Schedule V	HB 2164; VA Code § 54.1-3454 (2020)	02/23/2017 (PMP reporting); 07/01/2019 (Schedule V)
West Virginia ²⁶	Required reporting to West Virginia PMP; gabapentin classified as Schedule V	Section 16-54-4; WV Code § 60A-2-212 (2018)	07/07/2017 (PMP reporting); 06/07/2018 (Schedule V)
Wisconsin ²⁷	Required reporting to Wisconsin PDMP	WI Stat § 961.22 (2019); CSB 4 Clearinghouse Rule 20-080 § 961.385(1) (ag)	09/01/2021
Wyoming ²⁸	Required reporting to Wyoming Online Prescription Database (WORx PDMP)	W.S. 35-7-1022 (2018); W.S. 35-7-1001-1101; WY Code of Rules 8-11	07/01/2017

N/A = not applicable.

Note: No evidence was found for gabapentin legislation in the States not included in the table.

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Methodology: A summary of the NFLIS estimation methodology can be found in the *NFLIS Statistical Methodology* publication at <https://www.nflis.deadiversion.usdoj.gov:8443/nflisdata/docs/NFLIS-2017-StatMethodology.pdf>.

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