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**Recent Trends Involving Opioid Misuse**

**Opioid & Gabapentin Misuse:**

A growing risk of gabapentin abuse has been identified when used in combination with opioids, benzodiazepines and muscle relaxants. Drug cocktails containing these medications are desirable to opioid abusers because they can produce euphoric effects and relieve benzodiazepine and opiate withdrawal. However, this drug combination is very dangerous because it increases the risk of respiratory depression and death. Gabapentin was approved by the Food and Drug Administration (FDA) to treat epilepsy and postherpetic neuralgia, and has also been used off-label to treat conditions such as fibromyalgia, anxiety and mood disorders. Gabapentin is not a controlled substance and poses minimal risk for misuse and addiction when used in non-opioid drug regimens. With the rise of misuse in opioid cocktails, clinicians should use caution when prescribing gabapentin for patients taking opioids, benzodiazepines or muscle relaxants.

**Loperamide Misuse as a Cheaper Alternative to Opioids:**

Loperamide a drug to treat diarrhea has recently been identified as a drug of abuse in relation to the opioid crisis. In excessive amounts, loperamide can be used to obtain an “opioid-like high”, and can also be used to manage the symptoms of opioid withdrawal. However excessive doses can cause QT prolongation, serious and fatal cardiac arrhythmias such as torsades de pointes, and cardiac arrest. In some cases, excessive doses of loperamide are taken with other drugs to increase intestinal absorption or to increase absorption into the brain to augment the “opioid-like high”. Excessive amounts of up to 300 capsules per day of loperamide have been consumed to achieve euphoric effects. Loperamide is available over-the-counter at 4 mg, and as a prescription drug at 8 mg. Patients taking loperamide should be advised of the dangers of taking more than the prescribed amounts.

On January 30, 2018 the FDA released a safety announcement update warning the public of the serious heart problems associated with high dose loperamide. The FDA is now working with OTC manufacturers of loperamide to use blister packs or unit dose packaging, and to limit the number of doses in a package.

For more information, please visit: [https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm594443.htm](https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm594443.htm%20)

**Kratom – Herbal Supplement with Stimulant and Opioid-like Effects:**

Kratom is an herbal supplement made from a tropical evergreen tree native to Southeast Asia. It is commonly used to treat chronic pain, help prevent withdrawal from opiates, and for mild stimulation. Kratom produces a combination of stimulant- and opioid-like effects. The stimulant effects are at the lower doses, while the opioid/analgesic effects occur at higher doses. Kratom is mostly abused by oral consumption in the form of a tablet, capsule, or extract. Its leaves may also be used either by chewing or by boiling into a tea. Kratom is considered by the Drug Enforcement Administration (DEA) a “drug of concern’’. Initially, the DEA planned to ban Kratom and designate it as a schedule 1 drug - the same as [heroin](https://www.webmd.com/mental-health/addiction/heroin-use), LSD, [marijuana](https://www.webmd.com/news/breaking-news/marijuana-on-main-street/default.htm), and [ecstasy](https://www.webmd.com/mental-health/addiction/tc/ecstasy-mdma-topic-overview). However, the decision was delayed and no final decision has been made at this time. This supplement is currently legal in California, except San Diego County because of the passing of a local ordinance (ordinance 20657). Combining Kratom with opioids and other psychoactive medications can be dangerous and fatal. Clinicians should be aware of the availability of Kratom and discuss its risks with their patients. On February 6, 2018, the FDA released adverse events and scientific analysis providing even stronger evidence of Kratom’s opioid-like properties.

For more information, please visit: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm595622.htm>

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