BOSTON, MA – At the State House on Tuesday, District Attorney Michael Morrissey and State Senator John Keenan testified before the Joint Committee on Public Health, alerting committee members to the growing use of Gabapentin in combination with opioid prescription drugs and heroin.

The two officials are pushing for action on a bill that would bring Gabapentin into the state’s Prescription Drug Monitoring Program (PMP), a system that provides data on prescription drug dispensing across the state. Under current law pharmacies must report certain prescriptions into the database on a weekly basis, and physicians are required to check a patient’s record in the system before starting a patient on an opioid prescription for the first time.

The current system collects data on drugs classified as Schedule II through Schedule V, reflecting a risk classification system used by the federal government. Gabapentin is not listed in these schedules, but a state law allows the commissioner for public health to designate additional drugs that must be recorded in the PMP. The bill, filed by Keenan, would direct the commissioner to require that Gabapentin and other similar products be monitored under the PMP.

Keenan said the designation is strictly an administrative change that requires data collection and analysis. It would not create any new restrictions on prescribing, would not require prescribers to log into the system before issuing a prescription, and would not change any of the penalties associated with possessing or distributing the drug without a legal prescription. “This is simply a matter of providing better information that can help us combat substance abuse,” said Keenan. “It is a small but important part of a broader strategy that we will be introducing this year.” Keenan is vice chair for a special committee formed by Senate President Stan Rosenberg to address opioid addiction.

Morrissey testified that his office is increasingly seeing Gabapentin found in conjunction with overdose deaths or arrests for possession and distribution of other drugs. The drug has an enhancing effect on the euphoria associated with opioid and heroin use. “The evidence is clear that this drug is becoming more popular for abuse,” Morrissey says, “and this is a simple measure that heightens our awareness and ability to mitigate this risk.” He told committee members that in Norfolk County 84 people have died this year from overdose, and that Gabapentin appears more frequently in these cases than many drugs that are already monitored. “We’re seeing the effects every day,” said Morrissey “but when it comes to understanding it, we just have very little information right now.”

Numerous studies have found a strong connection between opioid prescription drugs, and the risk for addiction and overdose. In 2012 the state assembled an expert panel to review prescribing patterns, and make recommendations on how to reduce this risk while still providing access to pain treatment. A key finding was that poly-substance use – or the combined use of certain drug pairings – is a very significant indicator for overdose risk, with a majority of overdose victims having used more than one class of drug. The same panel found that over 50,000 people each month have access to an opioid prescription and a benzodiazepine prescription at the same time.

“That information alone is something that can lead to safer prescribing,” Keenan said, “and doctors and public health officials should be able to access the same sort of data for other potentially dangerous drug combinations.”