Should Carisoprodol Be a Controlled Substance?

The "Brief Report" by Rust et al[1] is important, and should encourage family physicians nationwide to be especially careful in prescribing carisoprodol. Carisoprodol abuse has concerned me since the mid-1980s when two patients at my semi-rural Oklahoma practice exhibited clear-cut drug-seeking behavior for carisoprodol. These patients regularly sought large quantities of carisoprodol, claimed that they had lost prescriptions, instigated calls and visits from friends and relatives specifically seeking the drug, and demonstrated other drug-seeking behaviors that I would usually associate with narcotics. Each patient displayed little objective evidence of the need for this drug, especially on a continuing basis. When, via a brief literature search, I learned about the abuse-prone active metabolite, meprobamate, and the sporadic case reports of abuse and dependence, I became suspicious about what was going on with my patients.

Over the next few years, I continued to come across carisoprodol-seeking patients in private practice and in residency faculty practice. Some were quite aggressive, actually asking, in an agitated manner, questions like, "It's not even controlled, so why won't you give it to me, Doc?" I became convinced that, at least in Oklahoma, carisoprodol was a problem. So I called the Oklahoma Bureau of Narcotics and Dangerous Drugs, Oklahoma City. Investigators had seen some evidence of carisoprodol abuse, but at that time they were not very interested in stepping up control efforts since they were seeing it almost exclusively in conjunction with crimes involving drugs like cocaine. Officers with the Chicago (Ill) and the New York (NY) Police Departments agreed. They had no interest in carisoprodol since it was not federally controlled and other more clearly illegal drugs were involved. The police department in Tulsa, Okla, also paid no attention to carisoprodol unless it could be shown that the patient had fraudulently obtained the drug for the purposes of distribution or misuse.

I was also curious about how it was being abused. One patient was taking large quantities of it herself primarily for its tranquilizing effect. However, several patients were abusing other drugs, particularly cocaine. They were using carisoprodol partly in an attempt to extend the action of other drugs, and especially in an attempt to come down more slowly from other drugs, particularly cocaine.

As pharmacists and quite a few physicians in Oklahoma noted similar problems with carisoprodol, a snowball effect occurred, and the state of Oklahoma declared carisoprodol to be a controlled drug. Because carisoprodol has very marginal clinical effects beyond general central nervous system depression and placebo effects but retains the potential for abuse and co-abuse with cocaine and other dangerous street drugs, it makes sense that other states should also consider making it a controlled substance. Perhaps carisoprodol should not even be offered in the marketplace.

Rust et al and the ARCHIVES have done well in transmitting such a convincing and comprehensive view of the abuse of this drug to a national audience.

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1. Rust GS, Hatch R, Gums JG. Carisoprodol as a drug of abuse. *Arch Fam Med.* 1993;2:429-432.