

Methadone deaths linked to prescription increase

By [Eric Eyre](#) Staff writer

CHARLESTON, W.Va. -- The growing use of methadone as a prescription painkiller has contributed to the rise of methadone-related overdose deaths in West Virginia and other states, according to a [federal study](#) released Monday.

The report also cites a lack of knowledge by physicians and patients about methadone's dangers -- as well as widespread abuse of the drug after it's illegally obtained -- as factors that led to the increase in deaths.

West Virginia has been hit particularly hard, according to the Government Accountability Office report. Statewide, methadone-related deaths increased from seven in 1999 to 120 in 2005, the GAO found.

In response to the report, Sen. Jay Rockefeller, D-W.Va., introduced legislation Monday to combat the prescription methadone crisis.

"In recent years, too many families have come to me with heartbreaking stories of mothers and fathers, sisters and brothers, who have been seriously injured or who have died as a result of methadone," said Rockefeller, chairman of the Senate Finance Subcommittee on Health Care.

"Prescription drugs are necessary. They are valuable and save lives, but some can be extremely dangerous."

For years, methadone was primarily used to treat those addicted to heroin and other opioid painkillers.

That changed in the late 1990s as more and more doctors prescribed methadone for pain.

State officials and pain management experts told the GAO that methadone prescribing skyrocketed because of publicity surrounding the abuse and theft of OxyContin in the early part of this decade.

Nationally, methadone prescriptions for pain grew from about 531,000 in 1998 to 4.1 million in 2006, an eightfold increase, the 16-month GAO study found.

The abuse of methadone diverted illegally also increased significantly. Methadone seizures by law enforcement increased from 2,865 in 2001 to 10,361 in 2007. Methadone thefts doubled during the same period.

Overdose deaths include those caused by doctors who improperly prescribe dosing levels, and patients who take too much of the drug, or combine methadone with other drugs and alcohol, the report said.

Some doctors start patients on too high a dose of methadone, pain management specialists told the GAO. The doctors are using faulty conversion tables when switching patients to methadone from other drugs -- a practice that can be lethal, the report said.

Other doctors lack adequate training in how to properly prescribe methadone, the GAO found, and patients often don't receive sufficient education about the drug.

In 2006, a Charleston Gazette series -- ["The Killer Cure"](#) -- revealed that methadone is responsible for the deaths of more people nationwide than any other prescription narcotic.

The newspaper found that the daily methadone dose approved by the U.S. Food and Drug Administration for pain could kill some patients -- including some who took methadone exactly as their doctors told them to. In response, the FDA issued a public warning about methadone and cut the approved dose by more than half.

According Monday's GAO report, the FDA recently notified manufacturers of opioid drugs, such as methadone, that they must take steps to ensure the benefits of using the drugs outweigh the risks.

The nationwide increase in the number of methadone-treatment clinics, where addicts are weaned off heroin and other drugs, apparently did not contribute the increase in methadone deaths, the GAO reported. Distribution of methadone from those clinics increased only slightly during the past five years.

Federal and state officials told the GAO that misuse of prescription drugs, including methadone, has become a bigger problem in recent years than the abuse of illegal drugs, such as heroin and cocaine.

As part of the study, the GAO examined methadone-related overdose deaths in five states -- Florida, Kentucky, New Mexico, Maine and West Virginia.

The data showed that those who died often combined methadone with alcohol and other drugs.

In Florida, for instance, 89 percent of methadone-related deaths in 2007 were caused by methadone combined with other drugs.

Prescription-drug monitoring programs varied among the five states. West Virginia, for instance, allows the State Police and federal law enforcement officers to access prescription databases, such as those at the state Board of Pharmacy. In Maine, on the other hand, agencies must submit a grand jury subpoena to use similar databases.

Rockefeller's legislation seeks to reduce methadone- and other painkiller-related deaths by improving federal oversight, requiring patients and doctors to be educated about methadone, and establishing a uniform reporting system for painkiller-related deaths.

"Now is the time for a comprehensive strategy to address the risks and complications associated with methadone and prevent any additional avoidable deaths, both in West Virginia and across the country," Rockefeller said.

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