

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

New Report Investigates Increase in Maryland Methadone Deaths

As in several other states, the number of Maryland deaths caused by methadone intoxication more than tripled between 1998 and 2002 (from 24 to 76), according to the recent report, *DEWS Investigates: What Is Behind the Rise in Methadone Deaths in Maryland?* DEWS researchers analyzed demographic data for all 225 methadone-caused deaths reported by the Maryland State Office of the Chief Medical Examiner (OCME) during the five year period.* In addition, the researchers reviewed OCME medical records on a subset of 64 decedents. The study sought to determine whether OCME records contained sufficient information about what factors contributed to this increase. The study also looked for changes across time in how decedents obtained methadone and their reasons for using it (i.e., to treat heroin addiction or chronic pain). Following are highlights from the review of the subset of 64 case files.

- More information than is contained in OCME records is needed to fully answer the research questions. For example, 16% of decedents in 2000 to 2002 were known to be in a methadone treatment program (MTP) at the time of death. However, the actual proportion may have been higher, because for more than one-half of the cases the researchers could not find any information about how methadone was obtained and assumed that the decedents had not been in a MTP. These findings concur with those of a national study that found that “better information is needed to describe how methadone-associated deaths occur.”¹
- The proportion of decedents who were known to be enrolled in MTPs at the time of death decreased markedly (from 50% in 1998 to 1999 to 16% in 2000 to 2002), while the proportion known to have a legal prescription for methadone increased slightly (from 0% to 5%). This suggests that “many methadone-caused deaths in Maryland have not involved addicts in treatment” (p. 4). As noted above, the actual proportions may have been higher.
- People who died in 2000 to 2002 were more likely to have had more than one drug in their system (89%), compared with those who died in 1998 to 1999 (63%). Besides methadone, the most common drugs were antidepressants, antihistamines, cocaine, and antipsychotics. The presence of these drugs suggests that drug interactions may have contributed to at least some of the deaths, because methadone is known to interact adversely with many substances.

The researchers conclude that “additional sources of data are still necessary to fully answer our research questions about substance abuse, treatment, and the source of methadone in this group of decedents” (p. 3). To this end, DEWS researchers are working with OCME staff to design a pilot study in which OCME staff would collect additional research information when investigating future methadone-caused deaths.

*The OCME investigates human deaths caused by violence, suicide, or casualty; sudden death in an apparently healthy individual; and deaths that involve any suspicious or unusual manner. On average, the OCME conducts an investigation in approximately 25% of the deaths that occur each year in Maryland.

¹Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, *Methadone-Associated Mortality: Report of a National Assessment*, 2004, p. 24.

SOURCE: Drug Early Warning System (DEWS), CESAR, *DEWS Investigates: What Is Behind the Rise in Methadone Deaths in Maryland?*, May 2004. Available online at www.dewsonline.org. For more information, contact Erin Artigiani at erin@cesar.umd.edu.

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