

CDC *Vital Signs* Town Hall Teleconference

**Prescription Drug Overdoses
Q&A Transcript**

**July 17, 2012
2:00pm – 3:00pm EDT**

Dan Baden: Thank you very much. Those were wonderful presentations. I learned a lot. At this point, I would like to remind everyone that you can get back in to queue to ask a question by pressing star one. You'll need to record your name when prompted and then you'll be announced into the conference by the operator when it's your turn to ask a question.

I'd like to encourage you to take advantage of this opportunity to share stories, lessons learned, challenges, other strategies you may have or just question the experts we have on the line today. To start us off, when we sent the announcement out for this, we received several emails from people thanking the topic - thanking us for having the topic being brought up. One of them went into some of the issues that they're facing in their community where people were very concerned about having the opioid treatment facilities in their community when they - and linked that with a rise in the methadone deaths. Could one of you possibly talk a little bit about that - maybe the forms of methadone that are used in each type of facility - different things along that line?

Dr. Leonard Paulozzi: Sure this is Len Paulozzi. I'd be happy to talk about that. One fact I didn't include in my presentation was that in most of the studies that have been done like studies in North Carolina and Utah, for example, most of the patients that die as a result of methadone related overdoses are not enrolled in local methadone or opioid treatment programs. So we believe that the risks are

related to methadone being used for chronic pain rather than methadone being used in treatment programs.

The other thing that studies find is that the overdose victims are usually found to have overdosed on the pill form of methadone. There are now five and ten milligram pills of methadone available for use in pain and in contrast the methadone treatment program gives daily doses to people enrolled in the program of methadone in a syrupy liquid form and there are - there's also a forty milligram form of methadone in a dispensable wafer which is available for use by methadone treatment programs that is not available in the community to be used for pain.

And that's one of the changes that actually happened in 2008 and manufacturers voluntarily restricted this large dosage form of methadone for use by opioid treatment programs and hospitals. So basically a number of strands of evidence suggest that the problem is not with the methadone from methadone treatment programs. We do see stories about people bringing take home doses of liquid methadone in their homes and small children drinking the liquid and dying.

Deaths do occur from methadone related to narcotic treatment programs but the real problem that we've been seeing over the last decade is with the methadone pill form that's being used for pain.

Dan Baden: Okay, thank you very much for that answer. That helps me understand a lot better as well. At this point let me check with the operator and see if we have any questions in queue.

Coordinator: Thank you. I do have a question from Jennifer Sable.

Jennifer Sable: Hello, this is Jennifer Sable from Washington state and I have a question for Len Paulozzi. I'm looking at slide number six which is the graph that shows methadone use for pain compared to the overdose deaths and I think that what that graph says to me is that particularly from 2008 to 2009 when you start seeing a decline in the methadone use for pain, that higher doses of methadone may be involved in the overdose death. I didn't know if you have any evidence besides these graphs that higher doses of methadone are involved in the deaths.

Dr. Leonard Paulozzi: Jennifer that's a good question. I think that what this graph shows is probably in part the impact of the voluntarily restriction of the forty milligram form used only in opioid treatment program. So the average size of a prescription or daily dose may well have gone down in 2008 but the number of prescriptions didn't but the size of the daily dose or the number of days in the prescription perhaps went down.

I don't have data as to whether or not in particular with methadone the risk is greater with greater daily doses. There are five studies now that show that the risk of overdose death increases in a stepped fashion with increasing daily dose. And there's one study that shows an emergency department visits increase with increasing daily dose. But that's with all opioid analgesics as a group in those studies rather than methadone in particular.