



After 8 years, methadone overdose fatalities decline



By [Jordan Gass-Pooré](#) - Spring 2015 Apr 14, 2015



Warren Lumpkin's family planted a tree in a pot on their Baltimore porch in his memory. His mother, Kathy, left; father, Steve; brother, Jimmy, and sister, Lynn, all tried to help Warren get off drugs before his death in 2013 from heart complications associated with methadone. SHFWire photo by Jordan Gass-Pooré

BALTIMORE – It was Friday, Jan. 4, 2013. That meant a paycheck for 34-year-old Baltimorean Warren Lumpkin. Maybe he would use the money to take his three children to the arcade that weekend. The weather was mild, so maybe he would walk to Overflo Warehouse, where he worked as a forklift operator.

Lumpkin's life had been filled with maybes. Maybe he would get to see his youngest son, Darren; maybe he would start a scrap metal business with his dad; maybe he would quit using OxyContin and heroin.

But that day his life would be marked with certainty.

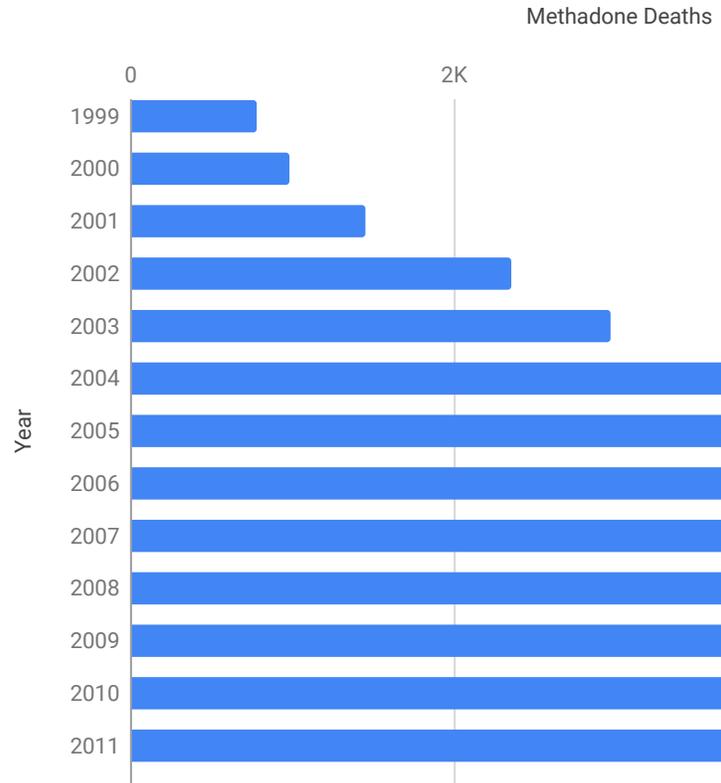
When Lumpkin's girlfriend returned home from school it was past noon. He was still in bed and unconscious.

Warren Lumpkin died that day shortly after being admitted to a hospital. The cause was heart complications associated with methadone, the prescription drug typically used to treat heroin addiction, according to his death certificate.

Hospital officials told Lumpkin's father, Steve, that his son had ingested liquid methadone the night before.

U.S. Methadone Deaths, 1999-2011

Source: CDC/NCHS



Lumpkin's death came at a time when national medical experts and organizations were recognizing that the number of fatal overdoses from methadone had skyrocketed. The Centers for Disease Control and Prevention [reports](#) fatal methadone overdoses rose from 784 in 1999 to 5,518 in 2007 and declined to 4,418 in 2011.

In 2007, the Food and Drug Administration issued an [advisory](#) about the potential for fatal methadone overdose.

These deaths may be partly attributed to an increased use of methadone as an inexpensive and non-addictive painkiller after the rise of OxyContin abuse. Although methadone accounted for 2 percent of prescriptions in 2009, according to the [CDC](#) it was responsible for 30 percent of prescription painkiller deaths – despite changes in government regulations and warnings of associated risks.

The Drug Enforcement Agency in 2008 [asked](#) that drug manufacturers restrict distribution of 40 milligram methadone pills, the drug's largest dose, to opioid treatment facilities because it was not approved for the treatment of pain.

Studies by the [CDC](#) found that the number of fatal methadone overdoses corresponded with higher numbers of methadone prescriptions for chronic pain.

A 2011 [report](#) estimated that more than 100 million people suffer from chronic pain, and for some of them, methadone or other opiates, may be appropriate.

[Stuart Gitlow](#), president of the American Society of Addiction Medicine, said methadone shouldn't be prescribed for pain, only for opioid addiction.

For those addicted to heroin or other opiates, methadone – also classified as an opiate – treats addiction without the painful symptoms of withdrawal. The drug has become the recommended treatment for addiction by the [World Health Organization](#) and others.

The number of methadone patients increased from 227,000 in 2003 to more than 306,000 in 2011, a Substance Abuse and Mental Health Services Administration survey [reports](#).

More than a million people are receiving methadone treatment in more than 80 countries, and there are more on waiting lists, [Robert Newman](#), former director of Beth Israel's Baron Edmond de Rothschild Chemical Dependency Institute, said.

“How many people die because they can't go to the methadone clinic daily?” Newman asked. “It's riskier staying on the streets shooting heroin.”

Newman, a methadone treatment advocate, said there is more misunderstanding and hostility surrounding the drug today than in previous years.

While methadone is physically addictive, it's less psychologically addictive than other opiates and doesn't interfere with ordinary activities such as driving. Methadone blocks receptors in the brain that produce a euphoric high from opiates and reduces cravings.

A national [study](#) found that many methadone patients receive a lower dose of the drug than recommended by the [National Institute on Drug Abuse](#). The majority of clinics also want people off the drug in six months, Newman said.

When this happens, people are more likely to relapse, Newman said, adding that addiction is a chronic medical illness.

Many people stay on methadone for years before tapering off and quitting, Newman said. Some never quit. But he was quick to add that methadone is not a substitute for heroin and is not addictive. People undergoing methadone treatment become dependent on the drug, similar to diabetics and insulin.

The average length of opioid treatment is 4 1/2 years, according to the [Substance Abuse and Mental Health Services Administration](#).

As with other drugs, when patients skip their methadone doses, their tolerance may go down and they will need to start the drug again at a lower dose to prevent health complications.

People who haven't developed an opiate tolerance are also at a higher risk of death.

A life affected by methadone



It's difficult to determine the number and nature of methadone-related deaths because there are no uniform definitions to distinguish the role the drug played in the death. That's what happened in Lumpkin's death.

There's also no national data on people who receive methadone treatment. The data available on addiction treatment represents admissions to facilities for alcohol and other drug abuse.

In response to the rising number of methadone-related deaths, the [Pennsylvania Department of Drug and Alcohol](#) formed a task force to increase education and oversight of the drug.

Methadone treatment has been around for decades, and when it is used according to state and federal guidelines, it is safe and effective.

The drug, however, is a highly regulated substance on legal par with cocaine and methamphetamine because of its potential for misuse and ease of overdose.

Overdoses can occur if people ingest too much of the drug or mix it with other drugs in an attempt to

get high. When taken orally, [methadone](#) is absorbed by the body within 30 minutes, even if the person doesn't feel the effects for hours.

It was common for Warren Lumpkin and his sister, Lynn Lumpkin, to see friends and acquaintances with “the nods” – drowsiness associated with methadone treatment.

A toxicology report found no trace of alcohol or narcotics in Lumpkin's system at the time of his death.

“You're drinking beer instead of whiskey,” Steve Lumpkin said of liquid methadone, a drug that also comes in tablet and injectable form.

The news that Lumpkin had a heart disease didn't surprise his parents because of his family's medical history. The methadone, however, was a different story.

Steve Lumpkin said his son had no methadone prescription and he believes Warren took his girlfriend's methadone.

Methadone's side effects are similar to those of heroin and OxyContin. If a person ingests too much, he or she may go to sleep and stop breathing.

Warren Lumpkin began taking prescribed OxyContin in 2006 after being severely burned by a car radiator explosion and became addicted.

Lumpkin's parents moved in with him and witnessed the withdrawal symptoms firsthand.

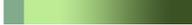
Kathy Lumpkin remembered holding her son as he shook in sweat-soaked clothes, common symptoms of opiate withdrawal. Together they rode through Warren's waves of nausea and diarrhea. They both believed he had broken his addiction.

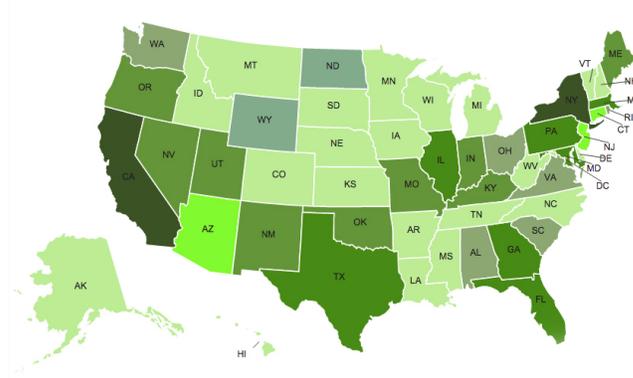
For a time he had.

Lumpkin stopped using OxyContin in March 2012, moved back in with his parents and reluctantly began methadone treatment at the outpatient Glass Substance Abuse Program in the Baltimore neighborhood of Cherry Hill.

Lumpkin was court ordered to undergo methadone maintenance treatment following a history of petty crime, including charges for selling and possessing drugs.

Number of opioid treatment programs in each state

North Dakota, Wyoming (0)  California, (153)



The treatment of opioid dependence with opioid medications, including methadone, is regulated by state and federal governments. The number of treatment programs varies by state. In some states there is a shortage of opioid medications because of the low number of treatment centers, which can result in opiate-dependent patients being put on waiting lists. These patients are at a higher risk of relapse and death. Data source: Substance Abuse and Mental Health Administration. SHFWire graphic by Jordan Gass-Poore

Weekdays, Lumpkin caught a 4:30 a.m. bus to the methadone clinic, one of 30 in Baltimore, to drink the green liquid before going to work.

Patients were administered their prescription methadone daily for at least three months before they were able to take it at home. Take-home methadone, commonly referred to as carries, is highly regulated by both state and federal guidelines.

Clinics are required by these guidelines to randomly check the take home-doses by calling in patients to

verify they are taking the prescribed amount. Patients are also required to undergo at least eight random urine tests a year.

“People say addicts are unmotivated for treatment. All they want to do is sit in a corner and get high. The motivation of people who enter methadone programs is unmatched by any other group of patients,” Newman said. “There is no other illness that would be able to attract and retain patients under those conditions.”

Lumpkin, in a leap of faith, stopped taking methadone prescribed to him a year-and-a-half before he died, Steve Lumpkin said.

The number of methadone-related deaths in Maryland in 2013 – the year Lumpkin died – was 138, down from 170 the previous year, according to a Maryland Department of Health and Hygiene [report](#).

While the Lumpkin family now accepts addiction as a disease, they still don’t understand it.

Lynn Lumpkin, Warren’s sister, advises people that before taking methadone they should ask for the exit plan – before it comes in the form of a death certificate.

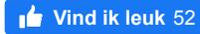
“He did everything he should have done and never reaped the benefits of it,” Steve Lumpkin said.

Reach reporter Jordan Gass-Pooré at jordan.gass-pooré@scripps.com or 202-408-1490. SHFWire stories are free to any news organization that gives the reporter a byline and credits the SHFWire. Like the Scripps Howard Foundation Wire interns on [Facebook](#) and follow us on [Twitter](#).



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Jordan Gass-Pooré is a Spring 2015 reporter for the SHFWire from Texas



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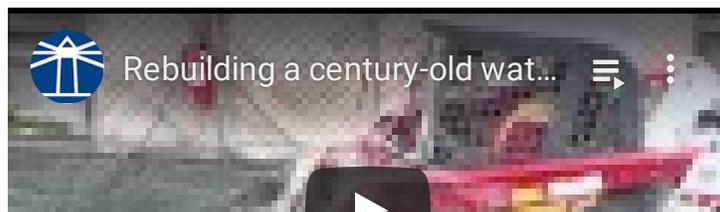


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