

MYTHS VS FACTS

NIH
HEAL
INITIATIVE

Methadone

Methadone is a long-acting opioid agonist medication that has been used for over 50 years to treat opioid use disorder (OUD). It works by plugging into the brain's opioid receptors and turning them on.

HEALing Communities Study
Kentucky

Methadone treatment for OUD has been shown to decrease the risk of death.

✗ MYTH

Methadone replaces one addiction with another

✓ FACT

Methadone relieves opioid withdrawal, reduces opioid cravings, decreases illicit opioid use, and helps patients be able to work on recovery-oriented activities.

✗ MYTH

Patients on methadone aren't truly sober

✓ FACT

Individuals with active opioid addiction have significant tolerance to opioids and don't feel a significant high from methadone when given through an opioid treatment program. Methadone helps patients feel normal - not high. Methadone treatment helps people achieve remission and recovery.

✗ MYTH

Methadone rots your teeth, damages your liver, thyroid, and memory, and gets into the bones

✓ FACT

Methadone does not do these things, but it does have side effects, like all medications do. Bone and joint aches can be a symptom of opioid withdrawal. The most common side effects of methadone include constipation, nausea, sedation, and dizziness. It is important to tell your provider about your health history, including what other medications and illicit substances you take, to make sure you have a safe methadone dosing regimen. Talk to your provider about any concerns you have.

✗ MYTH

Methadone is not going to help me with pain

✓ FACT

Methadone was developed during World War II for the treatment of pain. Talk to your provider about ways to manage your pain and opioid use disorder at the same time. They may be able to change your dose to help your pain.

✗ MYTH

Methadone patients cannot drive or go to work

✓ FACT

People in methadone treatment are fathers, mothers, co-workers, volunteers, members of faith communities, and so much more who often drive and are employed successfully.

✗ MYTH

Methadone isn't real recovery and is only for the weak

✓ FACT

Recovery is not defined by whether someone is on medication or not. Methadone treatment requires patients to go to an opioid treatment program (OTP) every day, including weekends, for supervised dosing the first 90 days of treatment. It takes hard work, planning, and dedication to be in treatment with methadone. It is a sign of strength, not weakness.

✗ MYTH

Crime rates go up in areas where Opioid Treatment Programs (OTPs) are located

✓ FACT

OTPs dispensing methadone must follow strict federal and state regulations. Methadone treatment is associated with reduced criminal behavior^{1,3,4,5}.

✗ MYTH

I can't afford methadone

✓ FACT

The cost of methadone is similar to treatment for other chronic diseases. Many insurances, including KY Medicaid, now cover methadone. Treatment with methadone can also decrease the cost of complications from untreated opioid use disorder (like incarceration and infection from injecting drugs). A study found a taxpayer benefit of at least \$3 for every \$1 spent on methadone treatment².

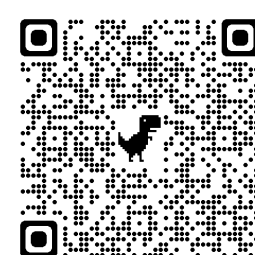
✗ MYTH

Methadone has horrible withdrawal if you ever try to come off it

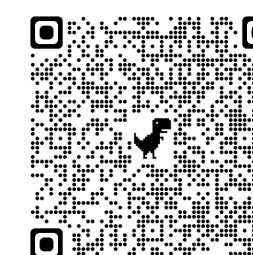
✓ FACT

Methadone affects everyone differently. On average, methadone can last up to a week or longer in the body after someone stops taking it. This is because methadone is stored in the body and is slowly removed over time. You can talk to your provider about your goals for discontinuing methadone. They can offer non-opioid medications and develop a schedule that minimizes the withdrawal you experience.

Resources



[Substance Abuse and Mental Health Services Administration: TIP 63](#)



[National Institute on Drug Abuse](#)

1. Bukten, A et al. Engagement with opioid maintenance treatment and reductions in crime: a longitudinal national cohort study. *Addiction*. 2012.

2. Gerstein DR et al. Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA). General Report. Sacramento, CA: California Department of Alcohol and Drug Problems. 1994.

3. Russolillo A et al. Associations between methadone maintenance treatment and crime: a 17-year longitudinal cohort study of Canadian provincial offenders. *Addiction*. 2018.

4. Schwartz RP et al. A randomized controlled trial of interim methadone maintenance. *Arch Gen Psychiatry*. 2006.

5. Schwartz et al. Interim methadone treatment: Impact on arrests. *Drug and Alcohol Dependence*. 2009.