MYTHS VS FACTS

Methadone

NIH HEAL INITIATIVE

HEALing Communities Study Kentucky

Methadone is a long-acting mu-opioid agonist medication. It has been FDA approved since the 1970's to treat opioid use disorder (OUD). **It has been shown to be a safe, effective and mortality-reducing treatment for OUD.**

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
All medications have side effects. The most common side effects of methadone include constipation, nausea, sedation, and dizziness. Methadone does not cause harm to your bones and is not associated with cancer. It is metabolized through the hepatic CYP450 system, but liver damage due to methadone is uncommon. Clinicians authorized to dispense methadone for OUD will take a complete medical history, including medications and illicit substances used, and conduct a physical exam along with regular follow-up visits to ensure a safe methadone dosing regimen individualized to each patient.

MYTH
Methadone patients cannot drive or go to work

FACT
Methadone does not preclude meaningful employment or safe driving. People with OUD are highly tolerant to opioids and when taking methadone under the care of a licensed Opioid Treatment Program (OTP), methadone should make them feel normal and able bodied - not sedated or cognitively impaired.

MYTH
Methadone is not going to help me with pain

FACT
Methadone was developed during World War II for the treatment of pain. In addition to the opioid receptor, it has activity at the NMDA receptor, which likely contributes to methadone's analgesic properties. Patients can talk to their providers about ways to manage their pain and OUD at the same time. Providers may be able to adjust a patient's methadone dose to help with pain.

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 to be in treatment.

MYTH
Crime rates go up in areas where OTPs are located

FACT
Methadone treatment for OUD is highly regulated and only provided through licensed OTPs and acute care settings, like hospitals, under specific circumstances. OTPs that dispense methadone must follow strict federal and state regulations. Methadone treatment is associated with reduced criminal behavior[1,3,4,5].

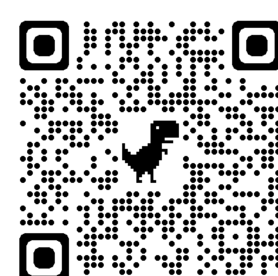
MYTH
Methadone has horrible withdrawal if you ever try to come off it

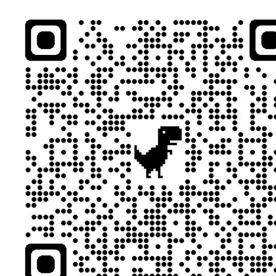
FACT
Methadone has a long and variable half-life of approximately 8-60 hours. Methadone is highly protein bound and lipophilic, and can be slowly released from the liver and other tissues over time. Patients can talk to their provider about their goals for discontinuing methadone in order to develop a schedule that minimizes the withdrawal they experience. Their provider can also offer non-opioid medications to help with some of the physical and psychological symptoms of withdrawal.

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 is cost-effective because it can also decrease the costs associated with legal and medical complications from untreated opioid use disorder. A study found a taxpayer benefit of at least $3 for every $1 spent on methadone treatment[2].

Resources


Providers Clinical Support System


Substance Abuse and Mental Health Services Administration: TIP 63

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.