



Anne Arundel County Department of Health About Methadone Treatment for Opiate Use Disorders

There are a number of ways to treat opiate use disorders, the physical addiction to prescription painkillers and heroin that affects many people in the United States. Methadone is used in medication-assisted treatment clinics and acts as an aid to the primary focus of treatment, which involves individual counseling. The goal of methadone treatment is to manage the symptoms of cravings or withdrawal to allow the person to focus on psychosocial needs. Multiple studies have shown methadone to be an effective adjunct treatment to manage this complex illness. Methadone treatment has shown improved outcomes, such as increased retention in treatment, decreased use of illicit opiates, and decreased criminal activity compared to placebo or other treatment forms. However, there are still many misconceptions and myths that exist about methadone.



Myths vs. Facts

Myth #1: Methadone clinics are just a legal way for people to get high.

Fact: Methadone, a long-acting opiate medication, does not cause patients to feel high when taken as prescribed in a monitored clinical setting.

Myth #2: Methadone causes people to “nod out.”

Fact: With appropriate medical oversight, the dose of methadone is adjusted to meet each person’s need. Too high of a dose may cause sedation and would be lowered by the physician. If a person is taking other drugs (prescribed or non-prescribed) in combination with methadone, it may also cause sleepiness. Certified clinics carefully and frequently assess and manage people for side effects and use of other drugs.

Myth #3: Patients who are on a stable dose of methadone become addicted to methadone.

Fact: Patients taking methadone are physically dependent on it, but are not addicted to it. The term “addiction” refers to the condition when the physical dependence has negative impacts on the person’s social, psychological and physical well-being. Methadone benefits a person by stabilizing and managing the physical dependence so that he or she can focus on establishing and pursuing a productive life. People with many common chronic illnesses are physically dependent on their medication to keep them well, such as insulin for diabetes, inhalers for asthma and blood pressure pills for hypertension. In a controlled clinic setting, methadone is used in a similar manner and does not cause harm.



Myth #4: Methadone patients are unable to perform well in many jobs.

Fact: People who are on a stable dose of methadone and not using non-prescribed or illicit drugs should be able to do almost any job they are otherwise qualified to do. According to the federal laws, people on insulin, seizure medications and methadone cannot be employed as commercial drivers or commercial pilots. A person stabilized on the correct dose is not sedated, in withdrawal or euphoric. The most common description of how a person feels on methadone is “normal.” In fact, most methadone clinics open early (between 5 a.m. and 6 a.m.) to be able to provide dosing and other services for people before they commute to their regular jobs.

Myth #5: Methadone clinics bring increased crime to the neighborhood.

Fact: Studies have shown that there is no correlation between crime and the presence of substance abuse treatment centers that use methadone.

Other types of businesses, such as convenience stores, pawnshops and beer establishments, tend to have more crime associated with them.

Myth 6: Methadone clinics are dirty and unwelcoming places.

Fact: In the U.S., methadone clinics operate under strict federal and state regulations, so they must uphold certain standards. The few clinics that do not provide top-notch service are the exception, not the rule. If you have concerns about the health care and treatment at a Maryland substance abuse treatment program, call the Maryland Office of Health Care Quality, 410-402-8095, 410-402-8052 or Toll-free 877-402-8218.

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About Methadone Treatment for Opiate Use Disorders

Myths vs. Facts

Myth #7: The lower the dose of methadone, the better.

Fact: Although it is true that lower doses of methadone will reduce withdrawal symptoms, higher doses are sometimes needed to block the physical cravings for heroin or other opioids. Most patients will need between 60 and 120 milligrams of methadone a day to control and prevent the urge to illicitly use other opioids.

Myth #8: It is better for people to stop using opioids through abstinence-based treatment.

Fact: Ninety percent of people in abstinence-based treatment return to illicit opioid use within one year. Medication-assisted treatment, combined with drug counseling and attention to medical, psychiatric and socioeconomic issues, has the highest probability of being effective.

Myth #9: Methadone causes long-term damage to the body.

Fact: There are a number of myths about methadone's alleged long-term effects on the body, but most of them are untrue. Methadone does no harm to the liver, it does not cause your teeth to rot, it does not cause you to gain weight, and it does not impede your immune system in any way. While some recovering addicts do experience these things, the symptoms cannot be traced to methadone use. Liver damage and dental problems often spring from years of addiction, and some addicts do not realize anything is wrong until they kick their habit.



Myth #10: People on methadone are just trading one addiction for another.

Fact: Addiction, or substance use disorder, is a chronic, relapsing condition that is a life-long illness without a "cure." The disease itself causes permanent chemical and physical changes to the brain that can impact a person for life. Methadone, when used in a controlled clinic setting, is dosed to control the cravings that result from the brain changes and minimizes their impact, allowing the person to function.

Myth #11: Methadone patients are bad people.

Fact: Methadone patients are not "bad" people trying to become "good"; they are sick people trying to recover. Addiction is a disease that can happen to anyone—regardless of income, age, education, religion, race or gender. Prescription drugs can even be addictive when not taken as directed or when people take medication that is not prescribed for them. Scientific research has shown that psychological, biological and social components can make someone more likely to start misusing and become addicted. These factors might happen to anyone, such as feelings of depression; dependence on pills to relieve pain from an injury; having relatives or friends that allow access to drugs intentionally or unintentionally. Unfortunately, many people who struggle with addiction may be reluctant to ask for help because of the negative stigma attached to medication-assisted treatment.



Sources:

ASIS International
Centre for Addiction and Mental Health
Laboratory of Biology of Addictive Diseases, Rockefeller University
Maryland Department of Health and Mental Hygiene
National Institutes of Health
Partnership for Drug-Free Kids