

# Facts About:

## **Methadone**

### **What is methadone?**

Methadone is a long-acting synthetic opioid narcotic medication. It's an effective and legal substitute for heroin, morphine, or other narcotics.

### **How does methadone work?**

When taken as directed, methadone blocks the effect of other opiates in the brain, prevents physical withdrawal from other narcotics, and reduces drug cravings.

### **How is methadone supplied?**

It is supplied from a licensed pharmacy, by prescription from an authorized doctor. It is taken orally after being mixed with orange juice or flavored drink crystals and water. Once clients have a prescription for methadone and have complied with any other requirements, such as seeing an addictions counselor, they will go to their local pharmacy and drink the medicine in front of the pharmacist or a pharmacy assistant. As their treatment progresses most clients graduate to “carry privileges” where they can take home small doses, which can be stored in a refrigerator for up to 49 days.

### **What is an average dose of methadone?**

While there is no set dose for maintenance purposes, an appropriate dose should be determined by the physician after asking questions and listening to the opiate addicted person. The average dose is **60mg**, but common doses can range from 2mg and 250mg.

### **Does methadone produce a “high”?**

No. Clients on methadone will be mildly sedated, but will not experience the same level of euphoria as with heroin.

### **Is methadone dangerous?**

When used as prescribed, it is a safe and effective medication. It can potentially cause an overdose and death when a person who is not dependent on narcotics takes it.

### **Can clients on methadone participate in treatment?**

Yes, being on methadone is not like “using”. People on methadone can readily participate in treatment, and indeed many physicians insist on their clients seeing an addictions counselor as a condition of their being on methadone. While *Narcotics Anonymous* is the usual 12-Step program that methadone treatment patients would attend, other treatment options would be outpatient programs, or a residential treatment programs.

### **Can methadone clients deal with deeper treatment issues?**

Yes, once a person is stabilized mentally, physically, and socially, they are encouraged to deal with the emotional or life issues that precipitated or unconsciously maintain their opiate addiction.

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## **What are the withdrawal symptoms for methadone?**

Possible withdrawal symptoms include: runny nose, muscle cramps, achiness, anxiety, insomnia, nausea, vomiting, diarrhea, and increased heart rate, blood-pressure, and elevated body temperature. Methadone withdrawal during pregnancy may be harmful to the fetus.

## **How long does a patient stay on methadone?**

Some stay on methadone for a lifetime, others work on a withdrawal program. A 2-year withdrawal is not uncommon, which provides the patient time to obtain treatment for the lifestyle factors that are associated with their opiate addiction. It is important that the methadone using person, gradually taper off their medication in consultation with their doctor. Trying to quit “cold-turkey” (all of a sudden) can be life threatening or put the person at high risk to relapse with heroin or another opiate.

## **Can people overdose on methadone?**

Yes, the main cause of death with overdose is due to respiratory failure. Should this happen, life-saving techniques should be used, such as Cardiopulmonary Resuscitation – CPR, and the person should be transported to a hospital immediately via ambulance.

## **Are methadone patients monitored for compliance?**

Yes, methadone patients are in almost all cases required to submit to regular unscheduled urine screening (or other tests) to monitor their dosage of methadone and to verify if other drugs are being used or not. Mixing methadone with other drugs, such as alcohol, street drugs, or other prescriptions can be dangerous.

## **Is methadone addictive?**

Yes, it is addictive and the patient will build both **tolerance** (physical dependence) and psychological dependence. Most clients agree that it is even more addictive than heroin.

## **Why would an opiate user want to go on methadone?**

While every opiate addicts reasons will be unique, the common reasons will be a sincere desire to want to change their addictive-using-withdrawal lifestyle and all of the other consequences of using illegal substances on all aspects of their physical health and general wellbeing. Being on a methadone program allows the opiate addict to stabilize their life, and work towards a level of normalcy, and an improvement in their general health.

## **Does methadone have side-effects?**

Once a person’s dosage is stabilized, methadone is usually well tolerated. Some people may experience these symptoms which cause discomfort but are rarely dangerous: sweating (dosage may be too high or too low), constipation (an increase in fluids, fiber or exercise may help), sexual changes (either reduced or increased desire), sleepiness/drowsiness (too high a dose), weight gain (generally occurs as the person’s body tried to readjust to a normal eating pattern).

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## **Is methadone a medical treatment or harm reduction program?**

Both, as a medical treatment methadone stabilizes the patient and prevents withdrawal symptoms and cravings. As a harm reduction measure, it eliminates the need to inject opiates, thus reducing the transmission of HIV, hepatitis and other blood-borne diseases. Even if the opiate addiction is to pills, or heroin is smoked, methadone is still a harm reduction measure as it can help the addict break away from using an illegal substance and possible criminal lifestyle. Because methadone is legally prescribed, it helps to connect the client with community treatment resources.

## **What else should I know about methadone to make an informed choice?**

- It is harder to “kick” than heroin.
- Long-term use can affect the client’s bones by reducing calcium levels.
- Methadone can interfere with the ability to drive and class 4 (multi-passenger licenses may not be allowed).
- Side effects can be aggravated by the use of alcohol or other drugs, smoking, advanced age, or otherwise unhealthy lifestyle.
- A well-run methadone program includes: counseling, regular medical reviews, appropriate screening, treatment planning, follow-up, and when possible a withdrawal schedule.

## **Are doctors monitored who run methadone clinics?**

Yes, most provinces in Canada, and throughout the US, the applicable *college of physicians and surgeons* will regularly audit the practices of physicians who prescribe methadone, as well as maintain lists of doctors who new prospective patients can be referred to.