Methadone Treatment: Myth vs. Reality

**Myth 1** – Methadone just replaces one drug addiction with another.

*Reality* – Taking methadone medication as prescribed by a physician is not an “addiction.” It is true that patients are physically dependent on it and do have withdrawal symptoms if the medication is abruptly stopped. However, that is true of many prescription medicines. Methadone does not cause impairment – it blocks opiate drug craving.

**Myth 2** – Patients taking methadone are still “drug addicts.”

*Reality* – Patients in a methadone treatment program are not drug addicts. They are persons being treated for an addiction. When treated, they are dramatically different in their behavior than when they were using heroin in terms of employment, family relationships, healthy living practices, respect for the law, and overall individual wellness. They seek to be sober, clear-headed individuals taking responsibility for themselves and their families.

**Myth 3** – Heroin addiction can be resolved without the use of medications if the person truly wants to change. Methadone is just a “crutch” for people who don’t want to work at recovery.

*Reality* – Long-term addiction to heroin or other opiates results in prolonged and often times permanent changes in the brain’s biochemistry. It is that physical change in brain chemistry that results in cravings and depression that can go on for years and often results in repeated dangerous relapses. The desire to change does not fix brain biochemistry.

**Myth 4** – Methadone from methadone clinics is flooding the streets.

*Reality* – The methadone on the street is principally from prescriptions for pill-form methadone written by pain clinic doctors and filled at pharmacies, not the prescribed and monitored form from methadone clinics. This has been documented by numerous studies including March 2009 GAO study and a May 2003 Center for Substance Abuse Treatment (CSAT) study.

**Myth 5** – Methadone is the same as methamphetamine.

*Reality* – Methadone is a medication prescribed by a physician to assist in a patient’s recovery from addiction from opioids. Methamphetamine are street drugs and stimulants which cause tremendous damage. The two substances have opposite pharmacological effects on the body and are very different.

**Myth 6** – If methadone really was an effective approach there wouldn’t be so many people against it.

*Reality* – The Center for Substance Abuse Treatment (CSAT), The White House “Drug CZAR,” the American Medical Association, the Association of Drug Courts, and other federal agencies, without exception advocate for methadone treatment. There are no comparable organizations in opposition. In Pennsylvania, the Bureau of Drug and Alcohol Programs (BDAP), the Institute for Research, Education, and Training in Addictions (IRETA), the Office of Mental Health and Substance Abuse Services, the Division of Drug and Alcohol Program Licensure, the Pennsylvania Community Providers Association, the Pennsylvania Psychiatric Society, and other organizations strongly support the value of methadone treatment. Again, there are no comparable organizations in opposition. Most of the opposition to methadone is based in an absence of factual information, misperception and fear.

**Myth 7** – Methadone treatment should be limited and not continue for years.

*Reality* – The length of time in treatment must be decided by a physician and the client, as with any other medical treatment. 12 months is the recommended minimum. Given that opiate addiction is a brain-related medical disorder some opiate-dependent individuals will continue to benefit from this treatment for years.

**Myth 8** – Methadone from clinics is causing a rise in deaths.

*Reality* – Methadone related deaths are associated primarily to the diversion of methadone prescriptions for pain rather than from methadone used as a treatment for addiction or illegally diverted from methadone clinics/patients. Methadone for the treatment of addiction is a liquid form. Methadone from prescriptions for pain is pill form and much more likely to be diverted.