

# METHADONE THERAPY: WHAT YOU SHOULD KNOW

Methadone is a tool that can be helpful for people who use opioids. There are some things that it's important to think about when deciding whether to try it. This handout will help you decide whether methadone is the right choice for you.



## WHY TAKE METHADONE?

Methadone works by relieving opioid withdrawal (also called “dopesickness”) for about 24 hours so that you don’t have to use to keep from being sick. You don’t have to stop using other opioids for methadone to be helpful. You can take methadone whether your goal is to stop using opioids completely, to use less than you’re using now, to feel less sick, or to lower your risk of overdose.



Methadone is usually taken once a day as a liquid that gets mixed into juice (Tang). When you start it, the dose has to be increased slowly to make sure that you don’t overdose. People usually start feeling better in a couple of weeks, and most people get to a dose that feels helpful in a month or two. Methadone is usually a long-term medication—many people find that staying on it for months or years is more helpful than trying to get off it quickly.

## WHAT ARE THE RISKS OF METHADONE?

Like all opioids, methadone has some risks:

- Methadone can make you feel tired, especially when you first start taking it. You shouldn’t drive if you’re feeling tired after taking your dose.
- Methadone toxicity (taking too much methadone) is very dangerous, especially during sleep, and can cause death. If you have any symptoms of toxicity like nodding off, slurred speech, or being more clumsy than usual, or if someone notices that you’re snoring loudly as you sleep, it’s important to get emergency help immediately.
- Methadone can be deadly for people who don’t have tolerance, especially children. If you have take-home doses (carries), you have to keep them locked up.
- Drinking alcohol or taking benzodiazepines (like Valium) while taking methadone can make you very sedated and increases your chance of overdose.
- There are some medicines that you can’t take if you’re taking methadone. You should tell your other health care providers (like your primary care provider or any specialists you’re seeing) that you’re taking it so they can review your medications.



Taking drugs like fentanyl while you’re taking methadone can be dangerous. You should be very careful about your dose of other opioids, especially fentanyl. You, the people you live with, and the people you use drugs with should all have naloxone kits and know how to use them. Always use with someone else there if you can, and if you can’t, call the National Overdose Response Service (NORS) at 1-888-688-6677.

## WHAT'S IT LIKE TO TAKE METHADONE?

In some ways, taking methadone is different from taking other medications. Here are some things that are good to know:



At the beginning of therapy, people have to go to the pharmacy every day to take their dose. Some people may start getting some doses to take home after about a month. Your health care provider can tell you more about when and how people usually start getting take-home doses.



Methadone is usually absorbed into your body in about 30 minutes. If you throw up more than half an hour after you take your dose, the methadone will already be in your body, so you won't lose it. You should let your prescriber or pharmacist know if you throw up less than 30 minutes after taking a dose. If you're pregnant, in withdrawal, or sick, you should tell the pharmacist before you get your drink so that they know you might throw up—some pharmacists might ask you to stay for a while after you take your dose so that they can replace it if you throw up.



Because methadone is mixed with a sweet drink, taking it every day can be hard on your teeth. It's a good idea to rinse your mouth out with water after you get your drink, and you should make sure you floss and brush your teeth every day.



It's important to take your methadone every day, and it's best to take it at the same time (in the morning if you can). If you miss a dose, you'll get withdrawal, and dose increases might have to be delayed. Missing more than four doses in a row will mean that the dose has to be lowered because of the increased risk of overdose. If you want to stop taking methadone, it's much safer to do it slowly with your prescriber instead of stopping it suddenly ("cold turkey"), which puts you at high risk of overdose.



People taking methadone have regular clinic appointments, which often include urine testing. Health care providers have different requirements about how often they test your urine, but usually you will do tests less often as you get more stable.



If you get pregnant while taking methadone, you should tell your prescriber as soon as possible. Don't stop taking your doses!



Your relationship with your health care provider is really important. Be honest with them—talk about your withdrawal, talk about your drug use, talk about what's going on in your life. This relationship works best when you're honest with them so that they're able to support you.

Remember that taking methadone is not "replacing one drug with another"—it's something that you can choose to do to help you meet your goals for your opioid use and your life.

## HOW CAN I LEARN MORE?

If you have any questions about taking methadone, talk with your health care provider. You can also find more information and resources on the META:PHI website.