

Fact Sheet: Methadone

Common Questions about Methadone

- What is the typical dose of methadone and how is it taken?
 - How does someone know methadone is working?
 - How long does a person take methadone?
 - Who can prescribe methadone?
 - Can a person overdose on methadone?
-

What is the typical dose of methadone and how is it taken?

- Due to methadone's slow and steady activation of opioid receptors, a person requires only one methadone dose per day.
 - Every person is different, and dosing should be individualized, based on a person's experience of a reduction of withdrawal symptoms and cravings.
 - Most people start with an initial dose of 30-35 mg. It is then increased by 5mg every 3 days until a person experiences a relief from withdrawal symptoms.¹
 - Methadone is taken by mouth in a liquid form.
 - The recommended therapeutic (i.e., effective) dose of methadone is between 60 and 120 mg.¹
-

How does someone know methadone is working?

- The person will stop feeling withdrawal symptoms.
- The person will also experience fewer cravings to use opioids. The intensity of their cravings will go down, but they may not completely go away.¹
 - Someone taking methadone may still have cravings to use other substances such as cocaine, benzodiazepines, alcohol, etc.

The 3 Dimensions of Cravings:

Frequency

Number of separate times a person starts to experience a craving during the day.

Duration

Once a craving starts, it can range in how long it lasts at a high, distracting level. This could be minutes to hours.

Severity

Cravings range in intensity, such as how overwhelming, distracting, and painful they feel. Scale of 1-10; 1 = very low severity and 10 = high severity.

It is important to notice all characteristics of cravings to see how cravings change overtime

How long does a person take methadone?

- The amount of time someone takes methadone can range from person to person, but research has shown that individuals who stop methadone have a higher risk for relapse, overdose, and death.^{2,3}
- Methadone should be continued for as long as the individual finds it helpful in meeting their substance use and life goals.
- Because methadone has been prescribed and studied longer than buprenorphine, more data exists that shows that many people continue methadone maintenance for years, anywhere between 5-10, and potentially their entire lifetime.¹
- It is important to have ongoing conversations with a health care provider about methadone maintenance treatment and evaluate the risks and benefits of changing or stopping this medication over time.

Who can prescribe methadone?

- Methadone treatment requires daily visits to a federally certified opioid treatment program (OTP). This is the only place a person can be prescribed methadone for the treatment of opioid use disorder. Unlike buprenorphine, a provider in primary care cannot prescribe this medication for opioid use disorder.
- There is a physician on staff at the OTP who writes the prescriptions and the medication is dispensed by nurses.
- Methadone clinics often have many requirements for their patients, such as monthly group meetings and individual meetings with counselors.
- Many programs allow patients to work towards “take homes” which means they can get their methadone doses one week at a time. It usually takes patients months to years to have the ability to take weekend and/or weekly methadone doses home.

Can a person overdose on methadone?

- A person can overdose on methadone. An unintentional overdose is more likely to happen when a person takes other opioids such as oxycodone or heroin in addition to the methadone.¹
- The risk of overdose also increases when a person mixes methadone with other central nervous system depressants, such as benzodiazepines (ex. Klonopin, Xanax, Ativan), hypnotics/sedatives (ex. Ambien) or alcohol.¹
- Methadone does have more negative interactions with other medications, compared to buprenorphine. In rare cases methadone can cause a dangerous heart arrhythmia (a problem with how the heart is beating) which is why people in methadone programs have to have periodic Electrocardiography (EKGs) tests¹ (a test that tells a provider how a person's heart is beating and functioning). It is very important to talk to a medical provider about other medications or substances being used when taking methadone.

References:

1. Kan, D., Zweben, J., Stine, S. M., Kosten, T. R., McCance-Katz, E. F. & McCarthy, J. J. (2019). Pharmacological and psychosocial treatment for opioid use disorder. In S. C. Miller, D. A., Fiellin, R. N., Rosenthal, & R. Saitz (Eds.), *The ASAM principles of addiction medicine (6th ed.)* (pp. 805-822). Philadelphia, PA; Lippincott Williams & Wilkins.
2. Sordo, L., Barrio, G., Bravo, M., Indave, B., Degenhardt, L., Wiessing, L., Ferri, M., Pastor-Barriuso, R. (2017). Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ* 357, j1550. <https://dx.doi.org/10.1136/bmj.j1550>
3. Mattick, R. P., Breen, C. Kimber, J., & Davoli, M. (2014). Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database of Systematic Reviews*. 2 (No: CD002207).

This project was funded in part by a grant from the Blue Cross Blue Shield of Massachusetts Foundation. Created in 2001, the mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care in Massachusetts through grantmaking and policy initiatives.

The information contained in this Fact Sheet was developed for educational purposes only and serves as a summary of general medical evidence. It is not intended to replace the advice of your personal healthcare providers. All drug use carries risks, including injury or death. If you or someone you know is experiencing a medical emergency, please contact your local emergency number (such as 911) immediately. By using this Fact Sheet and other information on the FactsOUD website you agree that The University of Massachusetts shall not be held liable for the use or misuse of this information. As with all recommendations, individual results may vary.