

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?**
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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
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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 oxycontin 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).

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