This brochure was developed by VistaPharm, Inc.
The information for this brochure was researched and developed by the Drug Policy Alliance and the American Association for Treatment of Opioid Dependence (AATOD).
VistaPharm revised and edited this material for educational purposes.
It is not intended as medical advice for individuals. Appropriate Medical Staff should be consulted regarding personal health and addiction recovery.

To learn more about methadone and drug addiction visit the following websites:

- American Association for the Treatment of Opioid Dependence
  www.aatod.org
- Centers for Disease Control and Prevention
  www.cdc.gov
- National Clearinghouse for Alcohol & Drug Information
  www.ncadi.samhsa.gov
- National Institute on Drug Abuse
  www.drugabuse.gov
- NIDA Institute for Research, Education and Training in Addictions
  www.ireta.org
- The American Methadone Treatment Association
  www.americanmethadone.org
- The Substance Abuse and Mental Health Services Administration
  www.samhsa.gov
- Treatment Facility Locator
  www.dasis3.samhsa.gov/
- Drug Enforcement Administration
  www.deadiversion.usdoj.gov
- Drug Policy Alliance
  www.drugpolicy.org

Educational Brochure 6
Methadone treatment has a stigma. This stigma causes a constant battle for the patients and the clinicians with the general public. This brochure is about myths and facts to help prevent any additional misunderstandings of a treatment that can save lives.

➤ Myth: Methadone damages your body.
➤ Fact: When taken as prescribed, long-term administration of methadone causes NO adverse effects to the heart, lungs, liver, kidneys, blood, bones, brain, or other vital body organs. There are some side effects such as: constipation, increased sweating, and dry mouth; but these go away over time or with dose adjustments.

➤ Myth: The lower the dose of methadone, the better.
➤ Fact: Low doses will reduce withdrawal symptoms, but higher doses will block the effect of heroin and cut the craving for heroin. Every person will need a different dose depending on their situation. Patients with the help of their physician should decide on their dose without outside interference or limits.

➤ Myth: Methadone produces abnormalities in fetuses (babies).
➤ Fact: Women can conceive, and have normal pregnancies and deliveries while on methadone. Methadone provides a non-stressful, non-eventful environment in which the fetus can develop once a properly monitored methadone dose is established. Methadone pregnancies have been thoroughly researched. Methadone is the recommended medication for drug abusing pregnant women.

➤ Myth: Methadone gets into your bones and weakens them.
➤ Fact: Methadone does not "get into the bones" or cause any harm to the skeletal system. Most bone and joint aches are usually a mild withdrawal symptom and eased with dose adjustment.

➤ Myth: Methadone harms your liver.
➤ Fact: The liver metabolizes (breaks down and processes) methadone, but methadone does not harm the liver. Other medications can be harder to metabolize than methadone. People with hepatitis or other liver diseases can take methadone safely.

➤ Myth: Methadone is worse for your body than heroin.
➤ Fact: It is not worse for your body. Both Methadone and heroin are nontoxic, but both can be dangerous if taken in excess. Methadone is safer than street heroin because it is a legally prescribed medication and is taken orally. Unregulated street drugs often contain many harmful additives that are used to "cut" the drug.

➤ Myth: It’s harder to kick methadone than it is to kick a dope habit.
➤ Fact: Stopping methadone use is different from kicking a heroin habit. For some it seems harder than heroin because the withdrawal takes longer to complete on methadone. Some people say it lasts longer, but it is a milder withdrawal than heroin.