

Methadone

Dolophine, Methadose, Diskets, a long-acting medicine that treats opioid use disorder

Methadone holds withdrawal and cravings steady for a full day, so you can build a life instead of chasing one.

WHAT IT TREATS

Opioid use disorder, pain

HOW YOU TAKE IT

Daily liquid at a clinic

WHEN IT WORKS

Withdrawal eases day one

HABIT FORMING

Body depends on it, no high

⚠️ IMPORTANT SAFETY WARNING

Methadone can slow or stop your breathing, especially in the first days and after any increase. Mixing it with benzodiazepines or alcohol can kill you. It can change your heart rhythm. Lock it away, because one dose can kill a child. Misuse is dangerous.

① WHAT THIS MEDICINE DOES

- This is not swapping one drug for another. It is a steady daily medicine that treats an illness and lets your brain settle.
- Methadone is **the most effective treatment** there is for opioid use disorder, and it cuts the risk of dying by more than half.
- It sits on the same brain sites opioids use, but it holds a level line for about a day instead of spiking and crashing.
- Taken as prescribed, it does not make you high or dull. It makes you feel ordinary, which is exactly the point.

🕒 HOW TO TAKE IT

- At first you go to the clinic every day and drink your dose in front of staff. That daily check is a safety step, not a punishment.
- As you settle in, you earn take-home doses. Many people move to weekly pickups over months, and eventually to fewer visits.
- Your dose rises slowly, a small step every few days. It builds up in your body over about a week, so fast increases can be deadly.
- The first two weeks are the highest-risk time. If you feel very sleepy or your family cannot rouse you, tell the clinic at once.
- Never take an extra dose because one feels weak. Call the clinic. They can adjust it safely, and doubling up has killed people.

📈 WHAT TO EXPECT

- Withdrawal usually eases on the first day, but full steadiness takes **several weeks** while the amount is worked out.
- Feeling withdrawal in the late afternoon or evening often means the amount is still too low. Say so instead of enduring it.
- Cravings fade over weeks. Many people describe the quiet in their head as the biggest change of all.
- Staying on methadone for years is a success, not a failure. People who stay on it live longer, full stop.
- You have to be there daily at first, which is hard on work and childcare. Tell the clinic, because they can often help.

♥️ COMMON SIDE EFFECTS

- Constipation is the most common effect and it does not fade on its own. Water, fiber, and a stool softener are worth starting early.
- Sweating, sometimes drenching, is very common. Light clothing, a fan, and telling your prescriber all help.
- Feeling sleepy for the first week or two is common. If you are nodding off mid-sentence, that is too much and needs a call.
- Weight gain and a bigger appetite are common as your body recovers. Regular meals and walking help keep it steady.
- Lower sex drive or trouble with sex is common and is treatable. It is worth raising even though it feels awkward.
- Dry mouth raises tooth decay risk. Sip water, chew sugar-free gum, and see a dentist regularly.

⚠️ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Call **911** for slow or stopped breathing, blue lips, or someone you cannot wake.
- Call **911** for fainting, a racing or fluttering heartbeat, or a seizure.
- Call the clinic today if you feel very sleepy, or if others say you are nodding off.
- Call **988** if thoughts of ending your life show up. Free help is there any hour.

🚫 WHAT TO AVOID

- Mixing methadone with benzodiazepines or alcohol can stop your breathing and **kill you**. This combination is the biggest danger.
- Do not quit a benzodiazepine on your own either. Tell your prescriber and clinic so both medicines can be managed together.
- Lock take-home doses away, out of sight. One swallow of this liquid can kill a child or someone without tolerance.
- Many medicines change your methadone level, including some antibiotics and HIV medicines. Tell the clinic before starting anything.
- Do not drive until you know how you feel on a steady amount, especially during the first weeks or after a change.

⏸️ STOPPING IT SAFELY

- Do not stop suddenly and do not miss several days. Missing doses drops your tolerance fast and makes overdose more likely.
- If you want to come off, it is lowered in small steps over many months, with your clinic, never on your own timetable.
- If you miss more than a few days, call before your next visit. You may need to restart lower and build back up.
- Keep naloxone at home and make sure someone you live with knows where it is and how to use it.

❓ QUESTIONS TO ASK

- Is my dose holding me for a full 24 hours, or am I dipping?
- When can I start earning take-home doses instead of daily visits?
- Which of my other medicines could change my methadone level?
- Can I get naloxone here at the clinic to keep at home?

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.