

# Myth

Methadone  
gets “in your  
bones.”

# False!

Methadone does not “get into the bones” or in any other way cause harm to the skeletal system. Although some methadone patients report having aches in their arms and legs, the discomfort is probably a mild withdrawal symptom and may be eased by adjusting the dose of methadone. If your dose is incorrect or if you continue to use mood-altering substances in addition to methadone, your standard dose may be insufficient and you could suffer mild withdrawal symptoms.



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# Myth

Methadone  
rots your  
teeth.

# False!

This is a consequence of a long period of time in active addiction. Few heroin addicts clean their teeth regularly or go for dental checkups. Many addicts also consume a lot of sugar. Finally, inadequate nutrition will fail to keep teeth, gums and bones healthy. When stabilized on methadone, individuals may first become aware of their dental decay.



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# Myth

Methadone  
depletes  
calcium.

# False!

There is no scientific proof whatsoever that methadone depletes calcium in the body. This can be attributed largely to poor nutrition. To look for the real culprit in calcium depletion, look no further than a much more common drug: Caffeine. Caffeine, in coffee, tea, cola drinks, and chocolate has been proven to deplete calcium.



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# Myth

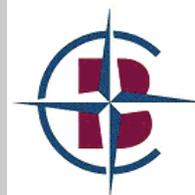
Methadone  
turns you  
into a  
“zombie.”

# False!

Methadone has no adverse effects on intelligence, mental capability, or employability. Stabilized methadone patients cannot be distinguished from non-methadone patients in terms of their ability to

think, experience emotions or engage in physical activity. Study of the long-term effects of methadone treatment on patients' intelligence revealed that after ten years of continuous methadone treatment, standard intelligence test scores were the same or slightly higher than at onset of treatment.

Sometimes our lifestyle affects our energy level. Low energy and lack of motivation often come from depression and hopelessness. Methadone blocks heroin withdrawal symptoms and cravings. It does not find a person a job, deal with past trauma or guilt from past actions, and teach a person how to deal with painful emotions or how to relate well to others. These things are only learned in living life free of active addiction. One of the many advantages to BCI's methadone program is that you have easy access to medical care, counseling, and referral to needed support in the community.



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# Myth

It's harder to kick methadone than it is to kick a dope habit.

# False!

Stopping methadone use is different from kicking a heroin habit. Although withdrawal from methadone does last significantly longer than withdrawal from heroin, methadone is **not** more addictive than heroin. Gradual withdrawal from methadone will only result in relatively mild withdrawal symptoms, and you are more likely to remain opiate-free after detoxing than with “cold turkey” withdrawal.



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# Myth

Taking  
methadone  
makes you more  
likely to get sick

# False!

Your body has a natural mechanism for protection against disease, called the immune system. Methadone does not damage the immune system. Methadone is the only narcotic that does **not** affect the immune system. In fact, several studies suggest that HIV-positive patients who are taking methadone are healthier and live longer than those drug users who are not on methadone.



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# Myth

Taking  
methadone  
damages  
your body.

# False!

People have been taking methadone for more than 30 years, and there has been no evidence that long-term use causes any physical damage. Methadone, like most medications, has side effects. These include constipation, increased sweating, and dry mouth. Other effects, such as menstrual abnormalities and decreased sexual desire, have been reported by some patients but have not been clearly linked to methadone use. Side effects usually go away over time or with dose adjustments and do not cause permanent damage.



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# Myth

Methadone  
is worse for  
your body  
than heroin.

# False!

Methadone is not worse for your body than heroin. Both heroin and methadone are non-toxic, yet both can be dangerous if taken in excess -- but this is true of everything, from aspirin to food. Methadone is safer than street heroin because it is a legally prescribed medication and it is taken orally. Unregulated street drugs often contain many harmful additives that are used to “cut” the drug.



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# Myth

Methadone  
harms your  
liver.

# False!

The liver metabolizes (breaks down and processes) methadone, but methadone does not “harm” the liver. Methadone is actually much easier for the liver to metabolize than many other types of medications. People with hepatitis or with severe liver disease can take methadone safely.



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# Myth

Methadone  
causes people  
to use  
cocaine.

# False!

Methadone does not cause people to use cocaine. Many people who use cocaine started taking it before they started methadone maintenance treatment -- and many stop using cocaine while they are on maintenance. While methadone blocks heroin withdrawal symptoms and cravings, the disease of addiction makes many people continue to use other drugs. Those who wish to stop using cocaine and other drugs are often able to do so with the help of counseling.



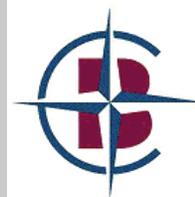
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# Myth

The lower  
the dose of  
methadone,  
the better.

# False!

People are different, and the dose that works for one patient is different from the dose that works for another. Ideally, you should decide on your dose with the help of your physician and without outside interference. The dose that works for you depends on your metabolism (how long your body takes to break down and process methadone). Most patients will need between 60 and 120 milligrams of methadone a day to stop using heroin. A few patients, however, will feel well with 5 to 10 milligrams; others will need hundreds of milligrams a day in order to feel comfortable. Low doses will reduce withdrawal symptoms, but higher doses are needed to block the effect of heroin and — most important -- to cut the craving for heroin.



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# Myth

**Methadone  
causes  
drowsiness  
and sedation.**

# False!

All people sometimes feel drowsy or tired. Patients on a stabilized dose of methadone will not feel any more drowsy or sedated than is normal. Drowsiness may occur during the initial stages of treatment and usually subsides or disappears as methadone dosage is adjusted and stabilized, as tolerance develops, or with simple medical treatment.



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