



## METHADONE MYTHS AND COMMON MISCONCEPTIONS

### **MYTH #1: Methadone (and MAT) substitutes one addiction for another**

**FACT:** When properly prescribed, methadone and buprenorphine reduce drug cravings and prevent relapse without causing a “high.” They help patients disengage from drug seeking and related criminal behavior and become more receptive to behavioral treatments.

### **MYTH #2: Addiction medications are a “crutch” that prevent true recovery**

**FACT:** Leading addiction professionals and researchers have concluded patients stabilized on MAT can achieve true recovery. This is because these individuals don’t use illicit drugs, so they do not experience euphoria, sedation, or other functional impairments, and do not meet diagnostic criteria for addiction, such as loss of volitional control over drug use. MAT consists not only of medication but also of behavioral interventions like counseling. The medication normalizes brain chemistry so individuals can focus on counseling and participate in behavioral interventions necessary to enter and sustain recovery.

### **MYTH #3: MAT should NOT be long-term**

**FACT:** There is no one-size-fits-all duration for MAT. The Substance Abuse and Mental Health Services Administration (“SAMHSA”) recommends a “phased approach,” beginning with stabilization (withdrawal management, assessment, medication induction, and psychosocial counseling), and moving to a middle phase that emphasizes medication maintenance and deeper work in counseling. The third phase is “ongoing rehabilitation,” when the patient and provider can choose to taper off medication or pursue longer term maintenance, depending on the patient’s needs. For some patients, MAT could be indefinite. The National Institute on Drug Abuse (“NIDA”) describes addiction medications as an “essential component of an ongoing treatment plan” to enable individuals to “take control of their health and their lives.” For methadone maintenance, NIDA states that “12 months of treatment is the minimum.”

### **MYTH #4: Requiring people to taper off MAT helps them get healthy faster**

**FACT:** Requiring people to stop taking their addiction medications is counter-productive and increases the risk of relapse. Because tolerance to opioids fades rapidly, one episode of opioid misuse after detoxification can result in life-threatening or deadly overdose. A tragic illustration of this fact is the death of twenty-eight-year old Robert Lepolszki, who suffered a fatal heroin overdose in 2014 after a New York judge ordered him off his successful methadone maintenance treatment.

### **MYTH #5: Courts are in a better position than doctors to decide appropriate drug treatment**

**FACT:** Deciding the appropriate treatment for a person with opioid addiction is a matter of physician discretion, taking into consideration the relevant medical standards and the characteristics of the individual patient. Just as judges would not decide that a person should treat her diabetes through exercise and diet alone, and instruct her to stop taking insulin, courts are also not trained to make medical decisions with respect to medically-accepted addiction treatment.



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