Few, if any, people actually enjoy taking medicine every day; even when it improves their health and their lives. So, it would not be surprising if, after a period of time in methadone maintenance treatment (MMT), you start thinking about possibly discontinuing methadone. However, there are many important points to consider before leaving MMT and this brochure discusses some of those.

Who should consider discontinuing methadone?

Ideally, discontinuing methadone is a purely voluntary decision inspired by a patient’s personal desire. Still, some patients express fear at the prospect of leaving MMT, while others may be overly eager to assume that they can remain drug-free without methadone.

Several important factors influence the successful discontinuation of methadone, including patient motivation, resources (employment, housing), support systems (especially family and friends), and continuing access to medical and mental health care.

Although you can always return to MMT, leaving prematurely could result in drug relapse with seriously harmful consequences. Experience shows that almost all patients who leave MMT and do not participate in an ongoing program of recovery eventually return to illicit drug and/or alcohol abuse.

How is methadone discontinued?

For patients stabilized in MMT, a safe and comfortable way to discontinue methadone is a process called “Medically Supervised Withdrawal” or MSW. This is achieved by reducing methadone over time – “tapering.”

The objective is to gradually taper the methadone dose down to zero at a rate that is comfortable and avoids drug craving or relapse. Methadone should
never be stopped “cold turkey,” since this can cause very uncomfortable and long-lasting withdrawal symptoms.

How long does MSW take?

There are no time limits on the methadone tapering process. Each patient is different, so MSW needs to be individualized.

Usually, the daily methadone dose is decreased in small amounts at a time. Typically, it takes a week to 10 days for the brain to adjust to each dose reduction, so tapering may continue for many weeks or months. Some patients need more time between methadone decreases than others.

You should be prepared for a period of some emotional, and possibly physical, adjustment after stopping all methadone. Patients often experience fatigue, irritability, anxiety, or sleep disturbances, which are normal symptoms and may last several months.

In some cases, it may become unbearably uncomfortable for a patient to go below a certain methadone level. The patient may choose to go no further and continue to take a very small amount of daily methadone indefinitely.

Are you ready for MSW?

Several questions will help you to determine if you are ready for MSW:

- Do you personally want to discontinue methadone?
- Have you been following MMT clinic rules and participating in counseling or therapy?
- Have you been able to abstain from illicit drugs and alcohol?
- Have you stayed away from drug users and illegal activities?
- Have you found new friends and activities to fill your time?
- Are you financially secure, employed, or in school?
- Are you living in suitable housing?
- Do you have family and friends who will support you during a methadone taper?
- Does your counselor think you are ready to leave MMT?
- Would you ask for help if you were feeling bad during a taper?
- Are you in good mental and physical health?

The more questions you can honestly answer “yes,” the more likely it is that you are ready for MSW. Each “no” represents an area that needs more work to increase the chances of ongoing addiction recovery without methadone.

What can you do?

Discontinuing methadone is a major decision, which also will require time and patience. Here are some points to consider:

- Be certain that you are fully prepared mentally, physically, and socially for a life without methadone.
- Discuss your interest in leaving MMT with clinic staff.
- Also share this with your loved ones so they can support you.
- You should not start tapering take-home methadone doses on your own.
- Carefully follow clinic instructions for how much and when to reduce the methadone dose.
- If you find the tapering process uncomfortable or feel drug cravings at any point, talk to clinic staff.
- Remember, abusing alcohol or other drugs will defeat the methadone tapering process.

If you must stop the methadone taper at some point, there is no shame. It is important to discuss your concerns with clinic staff so you can learn and benefit from the experience.

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For further information on addiction and recovery issues, visit the Addiction Treatment Forum website at www.atforum.com.

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